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VOL. II.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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The California Eclectic Medical Journal

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Original Contributions

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

Dr. Ovid S. Laws, Los Angeles.

I wish to arouse some enthusiasm among the lovers of Natural Science, concerning our medical flora. There is so much that I desire to learn, I am hoping to find like-minded friends with whom an interchange of thought may be mutually helpful. I would be glad if we could have our valuable plants tinctured here on a large scale instead of sending them east and back again. The much-used grindelia is a California plant, and cactus grandiflora grows to perfection here, and of this I prepare my own tincture from the flowers. I think every doctor should be familiar with the remedies he prescribes, from the ground up to the refined product.

It is a grand thing to get out among the trees and plants and know them by name, and know what they are good for. It is a much better way of "getting back to nature" than going barefoot and hatless about the streets as some men are doing. Botanical excursions should be frequent among us, to the foothills and mountains. Every doctor that has a few feet of ground in his yard should have some pet plants to care for and work up into tinctures as he needs them. This can be easily done down here in our climate where so little frost prevails. I wish to make a pretty thorough review of all trees and plants growing here that are known to have therapeutic value. First, those native to the land, and then those brought in from other lands.

Science tells us that all manner of trees and plants were here on earth before man arrived. But they were put here for his use, and doubtless every one has some valuable property. With veneration and awe we should approach the study of nature's garden, planted by the Creator, and distributed to every land on earth. The mountains and foothills in many places are covered with a dense growth of shrubs, but few of which we can name. But some have been named and medicinal properties credited to them. I have become acquainted with some.

Manzanita is a fine shrub with very heavy fine wood much-used for cane. The leaves are pleasantly astringent, and an infusion is a good remedy for the hemorrhage of typhoid fever,

FEB 10 1910

to my knowledge. In the same locality you will find at least two species of fragrant sumach. Whether they are identical with the Rhus Aromatica of the east, I know not, but they are fragrant and intensely astringent, meaning the leaves which are evergreen like all mountain growths, in this region. A strong infusion of the leaves works wonders as a gargle in inflamed throats, or as a douche in vaginitis. A tincture cured one of the worst cases of enuresis I have ever seen. The mountain laurel is another shrub growing freely among those named and many others not yet named. It is said to be poison. That means that it is a narcotic, and probably valuable as a medicine. Will some one please tell us? Along the canyons we have the grand old sycamore. And a strong infusion of the bark furnishes a pleasant diuretic, in two to four ounce doses two or three times a day. There is a parasite growing on some sycamore trees in Escondido valley, the value of which I will try to relate in my next paper, if health permits to continue these chats.

STATE MEDICAL BOARD.

L. T. Keegan, M. D., San Diego, California.

The charges recently made against the State Medical Board should not be allowed to drop.

Each school should have a copy of each separate charge and a complete transcript of the testimony given in the investigation held in Los Angeles recently.

Let friendship be cast aside, but remember the duty and obligation due both the school as well as the state.

I predicted these charges long before they came out in the papers. There is a physician here in San Diego who will bear me out. All the different states are watching the so-called investigation. The easiest way to stop this talk is for the Governor to ask for their resignations for the good of the state and the profession. They should not be allowed to give another examination as the ones that made the complaint will be allowed to pass provided he knows too much to stay around and make trouble.

We will not say anything harsher than has been said, but we have a board that is too dormant for California. You never hear very much about their stopping illegal men from practicing, except where they are compelled to. We have quite a few in San Diego. One was called to the attention of the President, but nothing has been done to remedy the matter yet. We have a man formerly a "barber" that has been practicing for three years. Yet it is known to different members of the board with no action taken.

New York has one good thing about their board, you must have a license or else you will be prosecuted. This I know by personal experience as I was attending a Post-graduate course there and was sent out on a case that gave me all the trouble I wanted. It was a child at that.

But New Yorkers coming out to California to practice can't expect to pass this board like they passed in New York. In New York I was informed that you passed your examination on the installment. The first two years in College you passed one-half, and on graduating the other half.

Of course no one fails.

APPENDICITIS—MEDICAL TREATMENT.

J. V. Steele, M.D., Waitsburg, Washington.

Read before the Eclectic Medical Society of the State of Washington.

Omitting the history, etiology, pathology, symptomatology and diagnosis of Appendicitis, also the surgical treatment, will give what I have found to be the most rational as well as the most successful non-surgical treatment of this disease.

I am willing and ready to concede that some cases of appendicitis are surgical from the time we first see them. Such cases, of course, are to be treated surgically.

I believe that many cases of appendicitis that are non-surgical at first become surgical through lack of proper medical treatment and care.

I know some surgeons take the radical view that all cases of appendicitis are surgical from the beginning. My experience and observations do not warrant such a conclusion; and I would like to state here that I believe if the fee for the medical treatment were put on the same basis as the surgical fee, there would be fewer operations for appendicitis and a more determined effort made to effect a cure from medical treatment. Cases of this disease have come under my observation in which any and all treatment, save surgical, was refused by the attending physician and surgeon. These, too, were cases of ordinary severity in which no special necessity seemed to exist for surgical interference. Such practice can not be too strongly condemned.

Internal Treatment—Acute Cases.

For the fever we prescribe for the specific indications—specific aconite for the rapid, empty pulse, and specific veratrum for the rapid full pulse. Combine with the aconite, spe-

cific gelsemium for the nervous symptoms of flushed face and irritation or excitation. This drug can also be combined with veratrum for the same indications, but this is not so necessary unless the symptoms for gelsemium are very marked, for veratrum alone is an active pacifier.

Specific belladonna is combined with either aconite or veratrum when the patient is unusually drowsy with face pallid.

For severe pain I have found no other remedy to equal in anodyne power the H. M. C. tablet given subcutaneously. If the pain is not severe and there is marked soreness in any part of lower abdomen, I like full doses of Dioscorea one-half dram repeated as necessary. Echinacea (specific medicine) in half dram doses every three hours, I give as a routine treatment in all cases for its antiseptic effect. I think it prevents the formation of appendicular abscess.

Mild cathartics are necessary if bowels are at all obstinate.

Local Treatment—External.

One of the most important parts of the external local treatment is the continued application of heat over McBurney's point. Moist heat is preferred to dry, and one of the most efficient means of applying it, is by use of the hot corn meal poultice. This poultice seems to hold the heat longer than most any other. The meal should be put in a thin sack of convenient size. After boiling for some time cool it until as hot as can be applied to the skin. There should be two of these poultices made that the heat may be applied continuously.

It is not the ordinary poultice effect desired in these cases, but the moist heat effect. Therefore I would emphasize it, "use them hot."

Local Treatment—Internal.

Local treatment can be applied internally as well as externally for no doubt the cause of appendicitis is a local one.

Insert a long colon tube into the ascending colon, with patient on the back. Through this inject all that can be retained conveniently of a mixture of two quarts of asepsin soad-suds with two drams of turpentine. Instruct patient to retain this as long as can be done conveniently.

Chronic Cases.

I find chronic cases of appendicitis do well on a mixture of echinacea (specific medicine) and specific dioscorea, with enough Merrells' Fluid Extract of Cascara to act as a mild laxative.

Chronic cases do better if put on a restricted diet, especially of meat.

TYPHOID-PNEUMONIA.

F. G. DE STONE, M.D., San Francisco, California.

Here is a case of typhoid-pneumonia having many peculiar features and may be of interest to the readers of your Journal.

Mr. K., aged fifty, tall and well built, dark complexion, black hair, nervous temperament. Distributing agent for a beer firm although almost a total abstainer from drink.

His wife being an invalid suffering from dementia of the menopause, at times violent, prevented him from getting his proper rest at night in consequence of which his health became impaired.

A week previous to taking to his bed, he had a severe chill lasting two days and contracted what he thought was a severe cold which he seemed unable to rid himself of. I offered to prescribe for him but he laughingly declined my offer, saying he could not be killed with a club.

In a few days he complained that he could not get warm and that his appetite was entirely gone. Again I offered my services but he declined them. In two days more he telephoned me that he was burning up; I told him to come to my office, and then I found him suffering from double lobar pneumonia, the lower lobe of both lungs being involved and a small area of the upper lobe of the left lung, pulse 150, temperature 104 4-5 tongue red, pointed, dry and white fur down each side. I ordered him home and to bed at once. August 29th.

August 30th, pulse 140, temperature 104 4-5, respiratons though somewhat hurried, were not difficult, nor was there any complaint of pain from the lungs during the whole course of his sickness.

August 31st, the pulse had now decreased to 120 through the treatment instituted and by constant effort the temperature could be reduced 102 2-5, i.e., by the use of cold packs, cool injections and aconitine with baptisia. The first day of his sickness I had cleaned his bowels by giving podophyllin and calomel enough, followed by epsom salts ℥ii in five hours. I then began giving intestinal antiseptics.

The stools were almost a clay color and gave off a frightful odor.

The tongue now became fire red on the tip and deeply fissured, the whole central area covered by a brownish black coating, and the teeth were covered with sordes.

September 1st the characteristic petechial eruption appeared on the chest and trunk and I knew I also had typhoid fever to combat, the diagnosis being further confirmed by Widal reaction.

The fever did not abate night or day despite the strenuous effort made to reduce it. The patient now remained stupid and delirious most of the time, the bowels were tympanitic and kept up a constant gurgling.

September 2nd, the fifth day since going to bed, he began to complain of pain in the bowels and as the day wore on he became worse till at night he was almost frantic with pain. I worked over him all night applying stupes and administering the medicine myself in the hope of discovering the source of the continuous fever. For this reason I did not wish to benumb him with opiates, but I did not solve the problem.

September 3rd the pain abating somewhat, I gave him a two quart enema of olive oil as hot as it could be borne; this put a stop to the pain which did not return until the following night and then it was easily controlled by two or three 1-12 gr. heroin tablets and, strange to say, the olive oil remained in his bowels 24 hours before it came away and when it did come it brought an odor that would drive a dog out of a tan-yard.

The abdomen was now distended as tightly as a drum's head and remained so for over a week but occasioned him no pain.

September 4th, the fever left abruptly and his temperature went down to 96° nor did it ever again reach 100°. He now began to vomit and spit up a greenish-black liquid which left a deposit in the vessel like the washings from a gangrenous sore. With the temperature constantly below normal, and the patient lying with eyes half open, seldom ever rousing from his stupor I concluded that the black matter ejected must be gangrene of the stomach and that the undertakers was the next station, but I resolved to fight until his breath left him and commenced giving

R/ Echafolta ℥ii
Tr. phos. gtt xL
Glycerohypophos Lime & Soda q.s. ℥viii
Sig. 3i every 10 minutes.

I continued this Rx night and day for 4 days, during which he took five bottles of ℥viii each.

September 7th, the black matter ceased to be ejected and now the rusty sputum of pneumonia appeared and simultaneously a bright scarlet rash almost like scarlet fever eruption appeared and covered the whole trunk. During all this time he had eaten next to nothing as everything administered was immediately vomited up to the time of the appearance of the black liquid and after that began coming I gave him nothing but the medicine. From the appearance of the rusty sputum, which lasted several

days, the patient became perfectly rational and has made a good recovery and I discharged the case as convalescent, September 20th.

This is a rough description of the case, as I merely gave the salient features, and if any one has had a similar case I would like his opinion of the cause of the black dejecta, in this case. Could it have been possible that gangrene of the stomach had commenced and that the large amount of echafolta arrested its progress?

The only case I have seen reported of persistent low temperature appeared in July "Clinical Medicine." I have seen several cases of cancer of the stomach where greenish black vomit was the feature several days before death.

In conclusion let us sum up the peculiar features and ask the readers of California Eclectic Medical Journal to give their opinion as to what a complete diagnosis should have been.

(1) Persistent high temperature without remission.

(2) Abrupt cessation of fever and subnormal temperature without complaint of feeling cold, this condition lasting over a week.

(3 Black vomit and sputum lasting four days.

(4) Rash covering trunk and similar to scarlet fever eruption.

(5) Absence of pain either from pneumonia or typhoid, save the one night mentioned.

(6) Absence of albumen in the urine though repeated tests were made and absence of Diazo reaction.

(7) No difficulty in respiring.

A diffuse blotchy condition of the skin should not be diagnosed as measles until a careful physical examination has been made. The condition may be the expression of a streptococcemia, as from an osteomyelitic focus.—*American Journal of Surgery.*

When an operation is performed for removal of a tumor at the base of the brain, one should be careful to retract upward (pressing on the hemispheres) instead of pressing downward (on the medulla), which may paralyze the vital centers.—*American Journal of Surgery.*

The application of elastic bandages to the limbs to cut off their blood supply, will increase the amount of blood going to the vital centers, and, therefore, is very beneficial to patients who have to be operated upon in a condition of shock.—*American Journal of Surgery.*

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA.

DECEMBER 1-3, 1908.

GENERAL DIAGNOSIS.

1. Differentiate Hodgkins Disease and Tuberculous Adenetis.
2. Differentiate Embolism and Thrombosis.
3. Give the cause of Malaria, the varieties of Organisms found in each form and state how the disease is most likely conveyed.
4. What casts are frequently found in Albuminous Urine, and what do they denote?
5. Define the terms, Thrombus, Phlebitis and Varix and give the causes of each.
6. Describe the several varieties of Club-foot.
7. Describe the varieties of Hydrocele.
8. Decribe Acute Miliary Tuberculosis.
9. Give the physical and rational signs of Pericarditis before and after effusion.
10. Give the period of Incubation and Eruption of the Exanthema.

OBSTETRICS.

1. Describe and give pathology of some of the principal causes of sterility in the female.
2. Give some of the causes of sudden death which sometimes occurs during gestation.
3. Describe in full the effect which gonorrhea in the female may have on pregnancy, the puerperal state and on the child.
4. Give a full description of the human foetus of sixteen weeks.
5. Give the clinical symptoms that would lead you to fear impending rupture of the cervix during the first stage of labor; the causes that give rise to this condition and the best way to prevent its occurrence.
6. State in full your directions to the nurse for the care of the new born child for the first forty-eight hours.
7. Give clinical symptoms which would lead you to fear placenta previa and how would you manage such a case?
8. Give relative frequency, causes and management of persistent occipito—posterior position.
9. Describe the Walcher posture; when is it best to use it; and what diameters of the pelvis does it change and how much?

10. Describe fully what changes take place in the uterus during the two weeks immediately following childbirth and what precaution should be taken to prevent interference with this process.

QUESTIONS IN PATHOLOGY.

1. Name and describe the common varieties of cestoda (tape worm) that may infect man.
2. What are the causes of renal calculus, and what pathologic results may accrue from nephrolithiasis?
3. What is the macroscopic appearance of the placenta in hereditary syphilis?
4. Give the typical minute pathology of epithcliomata.
5. What is the most frequent lesion productive of heart block, or the Stokes-Adams Syndrome?
6. Of what significance are the ethereal sulphates or indoxyl in the urine?
7. Give the gross and microscopic details of the lung in broncho-pneumonia.
8. Discuss the theories of the cause of poliomyelitis, and state what are the essential lesions in the cerebrospinal axis.
9. What are the characteristic features of the blood in myelogenous leukemia? Give the gross post mortem findings.
10. Identify two microscopic specimens.

HISTOLOGY.

1. Name the derivatives of the Primary Blastodermic Layers.
2. Draw a diagram of a cross section of the wall of the aorta, showing the histological structure.
3. Describe the histological structure of the tongue.
4. Describe the process of indirect cell division or Karyokinesis.
5. Describe the histological structure of the cornea.
6. Draw a diagram of a cross section of the wall of the oesophagus, showing histological structure.
7. Describe the histological structure of the Parotid glands.
8. Identify two specimens.
9. Identify two specimens.
10. Identify two specimens.

CHEMISTRY AND TOXICOLOGY.

1. (a) Define sublimation. (b) What are the general properties of the hydrocarbons?

2. (a) Give classification of proteids. (b) What general reactions have they? (c) Describe two color reactions for same.

3. (a) Describe analysis of water suspected of containing organic matter. (b) Test for lead in drinking water.

4. (a) Describe cholesterin crystals, solubility, insolubility. (b) To a few crystals on a slide under the microscope add a drop of concentrated sulphuric acid. Describe the effect. (c) Dissolve a few crystals in a little chloroform then add an equal volume of sulphuric acid and shake. Describe the effect. (d) How would you extract from urine? How separate from fat?

5. (a) Make a table of the average composition of urine (normal constituents). (b) Name ten pathological constituents (abnormal conditions).

6. (a) Describe acid phosphate of calcium. (b) How distinguished from uric acid. (c) What is its pathological significance when found in the urine?

7. (a) What is the most constant constituent of urinary deposits? (b) Constantly recurring indicates disease of what organs?

8. Define and give three examples of each: Corrosive poisons; Irritant poisons; Neurotic poisons.

9. Describe a case of oxalic poisoning and outline treatment.

10. (a) Describe the three stages of trichinosis. (b) Give treatment for iodin poisoning.

BACTERIOLOGY.

1. Describe in detail the method of making a bacteriological examination of water. (b) State how you would estimate the number of bacteria per cubic centimeter.

2. What are Ptomains? (b) Name four and state from what substances derived.

3. Define: Antitoxin; Toxin; Bacterin; Gymno-bacteria; Spore.

4. State the composition of Loffler's blood serum medium. (b) Describe the manufacture of Glycerin Agar.

5. State the most frequent causal organisms in Appendicitis, Malignant pustule, Ulcerative endocarditis, Conjunctivitis.

6. Give name and morphology of organisms producing Tetanus, Cerebro-Spinal Meningitis, Pyelitis.

7. Differentiate between: Pyogenic and Toxicogenic; Parasite and Saprophyte; Chromogenic and Photogenic. (b) Give one example of each.

8. State briefly the steps you would take to examine sputum, spinal fluid, pus.
9. Examination of two slides.
10. Examination of two slides.

GYNAECOLOGY.

1. Name the different varieties of Genital Fistulae in the female, and give their cause.
2. Diagnose between a small fibroid in the anterior uterine wall, an inflammatory exudate and an anteflexion of the uterus.
3. Give five reasons for Amenorrhoea in addition to removal of the organs.
4. What is meant by Primary, Intermediate and Secondary repair of the perineum and the reasons for the selection of each?
5. Name the vessels to be ligated in the operation of panhysterectomy and give their origin.
6. Differentiate between a small ovarian cyst and extra uterine pregnancy, and between large ovarian cyst and ascites.
7. Under what conditions would the operation of Colpocleisis become necessary or advisable?
8. Differentiate between pelvic peritonitis and pelvic cellulitis.
9. Differentiate between an intra uterine or submucous fibroid, a partial inversion of the fundus of the uterus and a bicornate uterus.
10. Give three reasons you know for a panhysterectomy.

ANATOMY.

1. Describe the venous circulation of the rectum.
2. Give point of abdominal entrance (vertebral), course and point of division of the abdominal aorta. (Use diagram.)
3. Describe the articulation of a typical rib (7th) with the spinal column.
4. Describe the plan of distribution of a typical dorsal spinal nerve. (7th).
5. What are the bony landmarks of the hip and what lines determine the normal relations of the joint?
6. What nerves control the following muscle groups: (a) flexion of the knee, (b) extension of the knee, (c) adduction of the thigh, (d) extension of the hip, (e) flexion of the hip?
7. What viscera are behind the linea alba?
8. Give relation of the aortic arch to the anterior chest wall. (Use diagram).

9. Give topography of the spleen. (Use diagram).
10. Give topography of the kidneys. (Use diagram).

PHYSIOLOGY.

1. Give examples of the reversible action of enzymes.
2. Detail the digestion and absorption of fats.
3. (a) What is the fate of nutrient enemas? (b) Write a suitable formula for rectal feeding.
4. Give the distribution and function of the fourth cranial nerve.
5. Locate the lesion in a motor paralysis involving the left side of face and left upper extremity, in which the reflexes are exaggerated but the muscle nutrition and electrical reaction are unimpaired.
6. Where are the following centres: (a) speech, (b) micturition, (c) respiratory, (d) auditory, (e) vision?
7. Discuss the causation of the icterus frequently observed in the new born.
8. Describe the fetal circulation.
9. (a) Distinguish between the corpus luteum of menstruation and the corpus luteum of pregnancy. (b) In what part of the genital tract does fertilization of the ovum usually occur.
10. Define: (a) cytolysis, (b) aphasia, (c) gravid, (d) cloaca, (e) hemianopsia, (f) neurosis, (g) fovea centralis, (h) glycogen, (i) somnambulism, (j) plasmolysis.

HYGIENE.

1. Describe the "septic tank."
2. What is meant by, and give the history of, the term "certified milk?"
3. Give the substitutes frequently used for barley-malt and hops, (in the manufacture of beer).
4. What diseases in cattle, sheep, and hogs are causes for the condemnation of the carcass?
5. Name the most prominent preventable diseases and indicate the mode of prevention.
6. Discuss the relative value of sulphur and formalin in fumigation.
7. Name the diseases which the United States Government quarantines against in American ports.
8. Describe the experiments conducted by the army in Havana which led to the discovery that mosquitoes are the cause of yellow fever.

9. Describe the bile test and the Widal test for typhoid fever.

10. What are the arguments for and against cremation as a method for the disposal of the dead?

Applicants, 64; applicants entitled to credits for years of practice, 17; successful applicants, total, 35; withdrew, 1; unsuccessful, 28; successful of those having credit for years of practice, 8; highest credit, 89.5; lowest credit, 16.9.

ANATOMY FOR BEGINNERS.

Proceeding in a southerly direction from the torso, we have the hips, useful for padding, and the legs. The legs hold up the body, and are sometimes used in walking, but when riding in automobiles they take up valuable space which otherwise might be employed to better advantage.

Attached to the legs are the feet. Some varieties of feet are cold. Some people are born with cold feet, others acquire cold feet, and still others have cold feet thrust upon them.

The surface of the body is covered with cuticle, which either hangs in graceful loops or is stretched tightly from bone to bone.

On the face it is known as the complexion, and is used extensively for commercial purposes by dermatologists, painters, and decorators.

Between the cuticle and the bones are the muscles, which hold the bones together and prevent them from falling out and littering up the sidewalks as we walk along.

Packed neatly and yet compactly inside the body are the heart, the liver, and the lungs; also the gall, which in Americans is abnormally large.

These organs are used occasionally by the people who own them, but their real purpose is to furnish surgeons a living.—*Exchange.*

FIVE CHILDREN AT A BIRTH.

If authentic the case of the birth of quintriplets to a woman in Steubensville, Ohio, is extremely interesting to physicians and certainly remarkable. It is said that three of the babies died soon after birth, but that two will live. There were three boys and two girls, all perfectly formed, and their combined weight was twenty-three pounds. The mother weighed less than one hundred pounds.

We wonder what was the state of mind of the father when he saw this vast increase of his family.

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ON MEDICAL LAW.

In the opinion of the writer the medical law of this state is far from satisfactory. And for this once, at least, we coincide with the great majority. The members of the profession denounce it quite regardless of school or party; and the people do not like it. It has worked a great hardship on many and benefitted none. It has proved a delusion and a snare. A delusion to those who hoped thereby to lessen competition in their neighborhood and a snare to some previously reputable men who became members of the examining board created by it. The profession want no more of it. They are vigorously demanding a new law. We assume therefore, that there will be a new law enacted during the present session of the legislature. It behooves us to see to it that this law shall be fairer to Eclectics than is the present law; also that it shall be so drawn that the interests of the people shall not be disregarded altogether.

Dr. J. A. Munk, as president of the State Society has appointed a Legislative Committee and the names of its members have been published in a previous issue of this Journal, but we desire to again call your attention to them. They are Dr. L. A. Perce, Long Beach, chairman; Dr. J. C. Mitchell, San Francisco; Dr. J. C. Solomon, Los Angeles; Dr. H. C. Hervey, San Jose; Dr. H. Scott Turner, Pomona; and Dr. G. W. Stout, Ukiah.

These are staunh Eclectics and each is well and honorably known by the citizens of his community as well as by the members of the profession. This committee deserves and must have the hearty support of every Eclectic in the State. It is now hard at work devising ways and means so that a consistent and persistent fight may be made.

But it must not be supposed that this committee is going to do all of the work. At the proper time there will be work for all to do, and we sincerely hope that not a single one will be found wanting.

LETTER FROM LONDON.

Doctors' Fees.—The African Sleeping Sickness.—Hot Air Treatment in the London Hospital.

London, September 22, 1908.

The *Daily Telegraph* has lent its columns for the last few weeks to the discussion of the question of medical fees, and a large number of interesting letters have appeared from all classes of persons bearing on the question. The discussion was called forth by the report of an inquest held on the body of a man who cut his throat. The landlord of the house in which the man lived found him bleeding and hurried for a doctor, but was told by the medical man that he would not attend unless his fee of five shillings was first paid.

The landlord refused to be responsible for the payment, and the medical man did not go. The patient was removed by the police to the hospital, where he ultimately died. The coroner, Mr. Schroeder, sensibly observed that "of course" medical men were not bound to attend without payment, and added that he had recently heard of a medical man who had attended twenty-three cases of supposed emergency without at first demanding his fee, with the result that he received payment only in two cases. In the particular case before the coroner the emergency did not appear to have been very great, for the man lived to be taken to a hospital and ultimately died there from delirium tremens. The remarks of the coroner on doctors and their fees brought forth a large number of letters. On the whole, these letters were favorable to medical men and their rights in refusing to attend emergency cases unless their fee was paid were admitted. One of the writers drew a rather curious parallel between a medical man summoned to a case of attempted suicide and a miner summoned to assist at the rescue of comrades from a pit. The writer was unable to perceive that the miner went to the aid of his comrades

because he was liable himself to be in similar straits at any time. On the whole, however, the correspondence bore striking testimony to the general benevolence and charity of the members of our profession.

There is no doubt, however, that our charity and benevolence have been grossly abused by a large section of the public, and this state of affairs has been principally due to the medical men themselves. They have so accustomed the people to regard illness as an emergency in which the sufferers are morally entitled to aid from the first person at hand who is competent to render it that the question of remuneration has been suffered to remain in the background and only regarded as a secondary consideration. It must be admitted that it is an exceedingly difficult task for medical men to conduct their work upon absolutely business lines. There are no doubt circumstances in which the question of remuneration should not be considered, as in serious accidents involving many people and in which the first thing to be thought of would be the rescue of the sufferers or the treatment of the injuries they had sustained. At the same time there is doubtless truth in the observation that medical men as a body are not so businesslike in the keeping of accounts or in the exaction of payments as they might be. The Royal College of Physicians does not allow its members to sue for fees. Such a rule on the part of one of the most important of medical corporations lends countenance to the view that strict medical etiquette is incompatible with the demanding of fees. If such is the attitude of medical men themselves, it is no wonder that the public as a whole is disposed to regard the settlement of medical accounts as a matter which can be postponed to an indefinite period. It is only by the united action of medical men that this state of affairs can be remedied. An interesting example of the power of concerted action on the part of medical men is shown by the following incident which occurred recently. The Education Committee of Newcastle decided to advertise for a junior medical officer at a salary of £200 a year. The *British Medical Journal*, however, refused to insert the advertisement at any price, on the ground that the salary offered was below the recognized rate of pay. The result was highly satisfactory, for not only did the committee readvertise the junior post at £250 a year, but they increased the existing officer's salary from £225 to £250 per annum. This gratifying result proves conclusively that concerted and firm action will suffice in many instances to better the lot of the medical profession.

At the meeting of the British Association the subject of sleeping sickness was dealt with at a joint meeting of the Physiological and Zoological Sections. Mr. R. Newstead opened with a paper on the life history of tse-tse flies. The habitat of these flies was confined to certain definite belts of land, or fly tracts, which were mostly low lying, hot and humid. The flies did not travel very far from their habitat, perhaps about 300 yards, and never more than a mile. Dr. Nerenstein dealt with the action of atoxyl *in vivo* and *in vitro*, and confirmed Koch's and Ehrlich's experiments with regard to the resistance acquired by the trypanosomes to atoxyl. Dr. Moore dealt with the action of various drugs in trypanosomiasis, and stated that at the Liverpool School of Tropical Medicine they had obtained better results with mercury than with atoxyl. They also had obtained encouraging results by combinations of arsenic and antimony.

For some time negotiations have been in progress between the British and German governments as to an agreement to act together in combating sleeping sickness in their African possessions, and both governments have now agreed to the terms of a convention which will come into force on November 1st. The convention, which is for a period of three years, provides that British and German doctors and the officials in charge of the concentration camps shall keep in touch with one another to compare the results of their various researches. Segregation camps will be established on either side of the international boundary, while infected natives will be prevented from passing into uninfected districts, such persons being detained and segregated. The convention also provides for the notification to the officials of both governments of all infected areas and for taking effective measures for dealing with crocodiles or other animals which it may be found are the food of the fly which carries the disease.

The London Hospital is about to have a complete installation of hot air appliances similar to those in use at Carlsbad. This hospital is one of the best equipped in the country, and this installation will add yet another department of special treatment to the institution, which was the pioneer in the Finsen light treatment. The outfit is the gift of the Princess Hatzfeldt, and is being constructed at Wiesbaden. It is hoped that it will be ready for use in the London Hospital by October. Dr. Tyenauer, of Carlsbad, is the inventor of the apparatus, and he has promised to superintend its erection at the London Hospital. This treatment has been found very beneficial in painful rheumatic and gouty conditions, and particularly in old standing cases of rheumatoid arthritis and joint rheumatism.—(*New York Medical Journal.*)

A FEW REMARKS ABOUT JOURNALISTS.

"For some weeks measures have been taken by the physicians of Charenton (France) to increase their rather modest pay," writes A. Demmler, in *Le Progres Medical.* On account of this effort, which was modesty itself, for the increase suggested was slight, a veritable war against the physicians has been opened up by the daily press; the *Petite Republique,* in particular, going so far, in its issue of October 16th, as to accuse all physicians of disowning the grandeurs of the Samaritan. It would be well here to relate an anecdote that might interest our friends, the journalists. It is said that on a certain occasion Velpeau was called upon to spend all night with a patient. Upon demanding a modest remuneration the patient indulged in considerable criticism, not to say abuse. Velpeau, containing himself, replied: "For the amount I am charging, would you do as much for me as I have done for you?"

To the writer of the article in the *Petite Republique,* who accuses us of forgetting the duties of the Samaritan and indulging in exaggerated pretensions, we would put the question: Would you, writer of wise words, fill the role of the Samaritan, that is to be in the streets at all hours; climb, no matter what your age, innumerable steps to reach apartments on the top floor, only to be greeted with disagreeable words, frowns and general surliness; have your sleep and meals interrupted; your family life, your holidays, upset by nervous patients, who though tearfully pleading for help are really rank egoists; in a word, be to the end of your days this wonderful Samaritan, without the privilege of sleeping when sleep is absolutely necessary, with no rights, no advantages, sometimes no remuneration, and even niggardly denied the glory that should come from attending many cases gratuitously?

You would hesitate about filling this arduous part, of that we are certain.

Instead of accusing physicians of cupidity it would be well, for the writers of the press, to come into closer contact with them so that a knowledge of their mentality could be acquired. With a better understanding of the mental status, we feel that our critics would be convinced that the best course for them to pursue is to allow the physicians to judge for themselves as to the propriety of their actions. Surely, disinterestedness, devotion and self-sacrifice—characteristics of the daily life of the busy practitioner—need no lessons from without. And further, charities of the silent sort are not less altruistic than their congeners with

flamboyant signs. Therefore, to remind the past-masters of the silent charities, the physicians, of their duties is supererogation, for have they not always been in the vanguard of the fighters for the alleviation of human misery?—Translated for the *Interstate Medical Journal.*

A RECOGNITION OF SERVICES RENDERED BY HOSPITALS.

That hospitals should be compensated for services rendered to those who though belonging to the humbler classes, nevertheless receive such treatment that without it death would probably supervene, is an illuminating idea that has come to us by way of London. In a recent action tried in the King's Bench Division by Mr. Justice Darling the jury awarded to the plaintiff, a boy who had been seriously injured through being knocked down by an omnibus, £750 damages, and at the judge's suggestion the jury also decided to turn a certain part of the damages over to the hospital in which the boy had received the surgical intervention which saved his life. To quote Mr. Justice Darling: "In a case like this, where a person receives the benefit of a charitable institution and such benefits as have been conferred on this boy; where it is perfectly obvious that the boy would have died but for the accurate diagnosis of the clever house surgeon, the immediate decision that an operation was necessary, and the calling in of a skilled surgeon; and where the staff of the hospital has exercised such skill, a substantial contribution should be made to the institution.

Here we have considerable food for thought. With a carelessness, not to say ingratitude, the public at large has always demanded the best medical or surgical treatment from our hospitals without so much as a thought as to the skill which is exercised by the physician or the surgeon at a critical moment, or the expense of harboring, with care and solicitude, a patient in regard to whom no idea of compensation could be entertained. The accepted fact that our hospitals with their corps of skilled physicians and surgeons must not withhold from a poor patient who has met with an accident or who is critically ill, the immediate relief which it is in their power to give, has passed beyond the province of controversy; but when after receiving the benefits which only scientific treatment can bestow, a patient is awarded damages, all courts throughout the world should imitate the wisdom which Mr. Justice Darling showed in the recent case tried in England.

The popular idea that the men who preside over the destinies of our hospitals are above recognition for their own services, and are indifferent to the welfare and prosperity of their institutions, is born of a figment on the part of the public that the best fruits of medical or surgical skill are theirs by right, irrespective of the possibility of a public acknowledgment as was instanced in the English judge's words, or a monetary return to a hospital in case of damages awarded.

Skill is only acquired after many years of apprenticeship; and to take it as a matter of course, to be had for the mere asking, is placing it on a low rung in our estimate of unusual qualities. Again, skill, as we all know, cannot always receive its due reward in a monetary sense, nor would we have the possessors thereof delight in its possession merely as a means to that end, but it should enjoy the compensations which come from an appreciative sense of its value. A public that jogs on from precedent to precedent and accepts a thing just because it has become inured to it, needs a jolt to awaken it to a proper understanding of certain abuses, which, by custom, have become inherent in our social system. And the custom to regard a surgeon's skill and a hospital's care of the sick, especially in such circumstances when intervention is imperative, as a matter of small significance indicates an insatiable desire on the part of the public to get the lion's share of what this world offers, with no better thought behind the effort than avarice, greed and selfishness.

—*Interstate Medical Journal.*

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Peree, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on December 1st, 1908, at 818 Security Bldg., 8:00 P.M.

In the absence of the President, Dr. Munk presided.

Dr. W. J. Lawrence read a paper on "Osteopathy, what is it?" Dr. Hanna Scott Turner and Dr. O. C. Welbourn reported interesting clinical cases.

A resolution was adopted endorsing Dr. J. C. Bainbridge of Santa Barbara as candidate for the State Medical Board.

At the next meeting Dr. Munk will read a paper and Dr. Aisbitt will make a clinical report.

A motion was made and carried which combines the offices of Secretary and Treasurer.

The annual election of officers resulted in the election of: Dr. L. A. Perce, Long Beach, president; Dr. O. C. Welbourn, for vice-president; Dr. P. M. Welbourn, secretary and treasurer.

Meeting adjourned until January 5th.

M. BLANCHE BOLTON, President.

P. M. Welbourn, Secretary.

STATE SOCIETY.

Another month has passed and it is significant of the fact that we are nearing the end of the year. No less salutary to Eclectics is the fact that we are one month nearer our annual meeting. At this time it is important to begin to make your plans to attend this meeting. If a member, it is your pleasure, if not a member it is your duty to attend and become an active participant in all its transactions. Let your ideas be disseminated that others may share with you. Papers on our Materia Medica are wanted and will be well received. Our practice is one that offers a free field for the essayist.

Send a notification to the secretary indicating your participation, and if you cannot be present, send your paper, *it will be presented.*

J. A. Munk, M.D., President,

J. Park Dougall, M.D., Secretary,
337 Douglas Bldg.

NATIONAL BULLETIN FOR JANUARY.

The president has appointed the following committee to formulate a new by-law and correspond with the officers of the various State societies: E. H. Stevenson, Ft. Smith, Ark., chairman; Finley Ellingwood, 100 State St., Chicago, Ill.; M. M. Hamlin, 5255 Page Ave., St. Louis, Mo.

At the meeting of the National in Kansas City last June, the following amendment was adopted.

"We, your Committee, would recommend that the Constitution and By-Laws be so amended that each State Society becomes auxiliary to the National Association, and that upon the payment of a membership fee of two dollars annually, each and every member of the State Society shall become a member of the National Society, by virtue of said membership in said State Society. Further that each state society shall collect and pay to the Treasurer of the National Society annually, a per capita tax of two dollars, based upon the actual membership of said State Society, as annul dues."

The Executive Committee has decided that no State members can be admitted under this arrangement next June at Chicago, who are now delinquent to the National in dues. There are quite a few members who are now delinquent $5 and $10 for dues, and they are earnestly urged to forward this amount immediately to the treasurer, Dr. E. G. Sharp, Guthrie, Okla., in order that the important work of our Association be not delayed.

Next month we expect to announce the appointment of the local Committee of Arrangements and the various Section officers. From correspondence already had, we believe that the next meeting of the National at Chicago, June 15, 16, 17 and 18, 1909, will be a great success.

Sincerely,

JOHN K. SCUDDER, President.
1009 Plum St, Cincinnati, Ohio.

WM. P. BEST, Secretary,
2218 E. 10th St., Indianapolis, Ind.

NEWS ITEMS.

Dr. C. H. Wheeler has moved from Oakland to Fall River Mills, Cal.

Dr. G. W. Finch has regained his health and is now located in his new offices corner Fifth and Wall Sts.

Dr. J. B. Baker has changed his address from Wittier Springs to 2001 San Pablo Ave., Berkeley, California.

Dr. L. A. Perec has recovered his usual health after several weeks stay in the Westlake hospital.

The Christmas vacation at the College began on December 23 and classes will be resumed on January 3.

Dr. O. C. Welbourn went East on December 15th on a business trip and spent the holidays at his home in Indiana. He is expected back about the first week in January.

Dr. S. J. Brimhall has been appointed Assistant Professor of Anatomy in the California Eclectic Medical College and is a valuable addition to the faculty.

Several of the students spent a couple of days, in the early part of last month, at the College Botanical Garden, the guests of Dr. Munk.

A consignment of one hundred small elm trees was received recently by express from Dr. Harvey Wickes Felter of Cincinnati, Ohio for the College Botanical Garden. This contribution furnishes a desirable addition to the Garden's arboreal collection, with an added interest and value in that the trees were propagated and grown from seed planted by the hand of a friend. Professor Felter is an accomplished botanist and an ardent lover of nature.

A neat illustrated pamphlet has just been published describing the work of the United States General Hospital at Fort Bayard, New Mexico. The Sanitarium was established by the Government in 1899 for the treatment and care of soldiers in the army who are afflicted with tuberculosis. The treatment employed consists of climatic and hygienic means and the good results obtained, as shown in the records, are remarkable. Captain C. N. Barney of the medical corps is in command. A similar institution is located at Fort Stanton in the same Territory but receives only consumptive sailors of the navy. The results obtained here have been equally satisfactory. No civilians are admitted to either hospital. Paul M. Carrington, M.D., physician in charge.

BOOK REVIEWS.

COLORADO SOUVENIR BOOK for the International Congress on Tuberculosis. Published by the Colorado State Organization, 1908. Price 25 cents.

The Colorado State Organization is to be congratulated on this excellent work which contains many interesting and valuable maps, charts, illustrations, etc.

PRACTICAL POINTS IN ANESTHESIA. By Frederick-Emil Neef, B. S., B. L., M.D., New York. Price Semi-De Luxe Cloth 60 cents postpaid. Library De Luxe Ooze Flexible leather, $1.50 postaid. Surgery Publishing Company, 92 William St., N. Y.

This very practical monograph presents the author's impressions on the correct use of chloroform, ether, etc., and is a simple and coherent working method, and is of particular value to those general practitioners who are so situated that the services of a trained anesthetist cannot be secured.

This extremely pretical and useful little book is condensed to about fifty pages, but every page is replete with valuable data.

MODERN PHYSIO-THERAPY. A System of Drugless Therapeutic methods, including chapters on X-Ray Diagnosis and suggestion. By Otto Juettner, A.M., M.D., Author of "Daniel Drake and His Followers;" Physician to Seton Hospital, Cincinnati, Ohio; Fellow of the American Electro-Therapeutic Association, etc. Third revised edition. One volume, 563 pages. Cincinnati, Ohio; Cincinnati Medical Book Co., Prepaid Cloth $5.00.

This work comes from the pen of one of the best known and most capable exponents of the practice of physiological therapeutics. Dr. Juettner presents his subject in a clear, forcible and convincing manner.

There can be no doubt that there is an immense field for the physio-therapeutist, but the general practitioner is handicapped in this work, because of conditions, which do not permit him to practice his profession in a strictly scientific way. However he can be a physio-therapeutist to a greater or less extent and accomplish much, especially in chronic cases.

There is no one in the profession, who after giving the book a careful perusal, but will feel himself well repaid for the time spent and furthermore will be stimulated to further study and investigation along the lines of physiological therapeutics. We bespeak for this work a warm reception from the thinking and broad-minded members of the profession, who are always endeavoring to keep abreast of the times. "Modern Physio-Therapy" is a text book which should be in the hands of every physician.

CLUB RATES.

The various Eclectic publishers have decided to offer special club rates to March 1, 1909. If you are not familiar with any of these journals, a sample copy can be obtained on request.

Journals	Price	Club Rate
Amer. Med. Jour., 5255 Page Ave., St. Louis, Mo...	$1.00	$ .80
Cal. Ec. Med. Jour., 818 Security Bldg., Los Angeles	1.00	1.00
Chic. Med. Times, 412 Fulton St., Chicago Ill.....	1.50	1.20
Eclectic Med. Gleaner, 224 Court St., Cinti., O....	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.....	2.00	1.60
Eclectic Review, 140 W. 71st St. New York, N. Y...	1.00	.80
Ellingwood's Therapeutist, 100 State St., Chicago..	1.00	.80
Medical Harbinger, 910 Lami St., St. Louis, Mo...	.50	.40
Therapeutist, 703 Wash. St., Dorchester Dist., Boston	1.00	.80

You can subscribe to any or all of the above through this office, the only condition being that you include a "paid in advance" subscription to the California Eclectic Medical Journal, at one dollar.

A SUCCEDANEUM FOR MORPHIA.

We meet with many cases in practice suffering intensely from pain, where from an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeine, and when assisted by antikamnia, its action is all that could be desired.

In the nocturnal pains of syphilis, in the grinding pains which precede labor, and the uterine contractions which often lead to abortion, in tic-douleureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in many cases curative.

Muscular spasm is often controlled by antikamnia and codeine tablets. Their action is of essentially the same character as the morphine action; the same parts of the central nervous system are affected, and in the same way as morphine, but not in the same degree. Nor do they induce habit.

In pulmonary diseases this combination is worthy of trial. It is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is

promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; these tablets do the work, and in addition control the violent movements accompanying the cough, and which are so distressing.

ABDOMINAL APPLICATIONS IN TYPHOID FEVER.

Success in handling a case of typhoid fever may be likened unto the steering of a ship, already in distress, through a dangerous rocky channel. Results depend upon the man whose hand is on the wheel. Lucky be the typhoid fever patient in the hands of a cool, common-sense doctor. It is this sort of a physician who guides his patient through the tortuous, rocky channel of typhoid fever and finally brings him into a safe port.

The many-sidedness of typhoid fever gives it a large interest and calls for good judgment. What to do and when to do it, are questions largely determining a physician's success in this infection. The bowels are inflamed, the Peyer's patches being the foci of inflammation, and it is but the application of common-sense priniples to seek for some means of combatting this intestinal inflammation.

Local applications prove efficacious elsewhere in inflammation—why not here? Applications with hygroscopic properties reduce inflammations in other tissues of the body and will do likewise in typhoid fever. The best of these is Antiphlogistine and its use in typhoid fever is demonstrable. It will tend to reduce the inflammation and thus contribute in making the typhoid patient comfortable and assist him in his return to health.

Antiphlogistine is applied over the abdomen to the thickness of an eighth of an inch and then covered with a suitable soft cloth. This is renewed twice daily.

This use of Antiphlogistine is a valuable adjunct in the usual treatment of typhoid fever and is of distinct assistance.

—*Medical Era.*

NEURILLA.

This is a valuable remedy for nervous patients, more especially for those female patients who are passing through the climacteric. It is a bitter tonic, creates appetite, builds up the patient and at the same time quiets the nerve centers. Try it instead of some fashionable synthetic or coal tar dope. Dose, teaspoonful four times a day.

The California Eclectic Medical Journal

Vol. II FEBRUARY, 1909 No. 2

Original Contributions

ANEMOPSIS CALIFORNICA.

J. A. Munk, M.D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Several years ago I read a paper on Anemopsis or Yerba Mansa before the Southern California Eclectic Medical Association, as a new remedy for catarrh. Since then I have had occasion to prescribe it frequently and invariably with satisfactory results.

As I recollect, Dr. O. S. Laws of this city, first called attention to this agent as a remedy, about ten years ago and recommended its use in nasal catarrh. When I read his account I was curious to try it. As it was not in the market, but grows plentifully in this vicinity, I dug some of the roots on one of my drives into the country. I filled a quart fruit jar with freshly dried, crushed root and covered it with strong alcohol. After macerating two weeks, the fluid was decanted and filtered, which yielded a dark, wine-colored, saturated tincture with the characteristic aroma and flavor of the root.

The plant grows on low, damp, alkali land and, under favorable conditions, takes complete possession of the soil. The fields where it is found growing are usually pasture land where cattle roam and feed the year around. The cattle eat it as freely as grass and if it is too closely cropped or much tramped upon its growth becomes stunted and, when it is subjected to continued rough usage, eventually dies. It flourishes best on wild unused land in soil composed of a sandy loam and a dash of alkali. Under normal conditions it is a hardy, virile plant that is not easily vanquished and will even smother out the persistent salt-grass which is its constant companion and competitor for space in which to spread. In this contest for supremacy between the two plants, it is as if knights met and clashed in mortal combat. In resentment of the uncomfortable crowding of the larger root of the Anemopsis for more room, the smaller but aggressive needle-pointed salt-grass root often pierces entirely through the body of its antagonist, but not fatally, as in a final death struggle, under even chances, the Anemopsis is apt to be the victor.

The entire plant is medicinal and is used by the natives as

a sovereign remedy for many simple ailments, from which household use it has acquired, in the local vernacular its popular name of Yerba Mansa.

Although the whole plant is medicinal, yet the root is the part that is mostly used. It grows in the form of a rhizome that is about an inch thick and from two to six inches long, with many rootlets extending downward from below. Externally it is of a dark color but is pink internally and its fleshy substance breaks readily with a smooth fracture. The root is aromatic, pungent and astringent. In appearance the growing plant resembles plantain. Its white starry blossoms resting on a bed of pale-green leaves makes a pretty picture. Wherever the plant grows it fills the air with its pleasant fragrance. It propagates both by the seed and by runners, rooting at the joints like the strawberry vine.

The Anemopsis seems to possess many healing virtues, but its prineipal value is in curing nasal catarrh. As catarrh is such a common malady that there is scarcely a person living but what has a toueh of the disease, its importanee as a remedy becomes at onee apparent. If Anemopsis is in fact sueh a remedy and does actually eure catarrh, as is elaimed, it is indeed, invaluable and should be ineluded in the list of Speeifie Medicines.

The manner of its use in nasal catarrh is by making a local applieation to the nose in the form of a spray with an atomizer. The Griffin atomizer I find is the best adapted for this purpose. although any one of the many other atomizers in use may answer the same purpose. It doubtless can also be used sueeessfully in a nebulizer by eombining the tineture with a bland oil, but I have never had occasion to use it in this manner. The medicine need not always be preseribed in one single unvarying formula, but its strength should be regulated to meet the requirements of eaen individual ease. In a ehild or an over-sensitive patient it should always be used weak, especially in beginning the treatment Cases of acute rhinitis also eall for mild treatment. After the disease has become chronic, a stronger mixture can be employed. When the spray first touches the Schneiderian membrane of the average patient it causes a decidedly warm, not to say painful sensation, which excites a copious secretion and discharge of mucus from the nose. The unpleasant feeling of irritation soon passes away, and with it the full, stuffy sensation in the head that always accompanies catarrh. The nostrils are thus cleansed of secretion, the congested pituitary membrane relieved and breathing by the nasal route re-established. It is indicated in all colds of the head and in catarrh of the nose and throat, either acute or chronic. I keep an atomizer constantly charged ready to use in emergencies and employ it promptly on the first hint of

a cold, which usually ends the attack. From one to half a dozen applications can be made during the day according to the nature of the case. As a rule an acute attack yields quickly to the treatment, but a chronic case naturally requires more time to effect a cure. It is my custom to refer bad cases of catarrh to a nose specialist because it is professional to do so. In two instances, that I remember, the patients came back after a time saying that they wanted some more of my catarrh medicine as it had benefitted them more than anything that the specialist had used.

I ordinarily prepare the remedy for use in a two-ounce mixture as that quantity about fills the atomizer. From five to thirty drops of the tincture of Anemopsis are put into a two-ounce bottle with one dram of glycerine. The vial is then filled with water and shaken, when it is ready for use. By experimenting I found that if only the tincture is added to water the mixture becomes cloudy and deposits a sediment that obstructs the atomizer. I cannot say what constituent element makes the water turbid but the mixture is unsatisfactory for use in an atomizer. When the glycerine is added, the mixture is still opaque, but the ingredients do not separate or form a deposit. The liquid though opaque takes on a pinkish, opalescent hue and clarifies perfectly by long standing. It will keep for an indefinite time in any kind of weather and I have never known the mixture to sour or spoil. The Anemopsis must possess some inherent antiseptic property to preserve the mixture thus, as there is not enough of either alcohol or glycerine to keep it from spoiling. In applying the spray the head should be thrown slightly backward and the spray snuffed up the nose until it is felt or tasted in the throat. Sometimes it needs to be used with a suitable tube and tip through the mouth and the spray thrown directly into the post-nasal passage, palate and pharynx. The taste of the medicine is not unpleasant and if any of the fluid is swallowed, during the act of spraying, no harm can possibly result, as it is intended for both local and internal use.

I have administered the Anemopsis almost exclusively for catarrh of the nose, but do not doubt that it is healing to all mucous surfaces. I also prescribe it internally for cough and cold in the chest and find it beneficial in catarrhal conditions of the alimentary tract. It is a valuable alterative and may be given in syphilis, scrofula and consumption. It acts efficiently with gelsemium and echinacea in catarrhal conditions accompanied with fever or septicemia. As a new remedy Anemopsis promises much and deserves to be fully investigated.

I have on the table recent specimens of the foliage and root of the plant for inspection. A sample of the saturated tincture

is likewise furnished and mixtures of the tincture with water, and water and glycerine, which show the difference in miscibility. There is also a Griffin atomizer, charged, indicating the style of the instrument and manner of use.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

O. S. Laws, M.D., Los Angeles, California.

My last paper closed with the grand old Sycamore that abounds in many places, and upon which, in Escondido valley, I saw some clusters of mistletoe growing. Although apparently ignored by the Eclectic fraternity, I regard the mistletoe as one of the most valuable remedies.

The American plant is called Phoradendron flavescens. The foreign is Viscum album. I have handled both in the form of a fluid extract and find them identical in action.

Professor King speaks of it as a remedy for epilepsy, insanity and paralysis. I have never tested it in either of these diseases, but if it cures them, surely every doctor should keep it on hand. My first use of it was in a case of chorea that had been treated four years with the bromides, with but little effect. I used macrotys in medium doses for two weeks with but little benefit. I used ℥ij in ℥iv of water, and gave teaspoonful doses four times a day. Large doses might have done better but I concluded to try Viscum album and gave five drops of a fluid extract in water at a dose, four times a day, and the effect was prompt, and a cure complete in three weeks. Large doses are recommended by those having it for sale. But that is a mistake as I learned in the above case. A relapse caused me to give it in fifteen-drop doses, which made the trouble worse, when a return to five drops soon gave relief.

Recently I had some cases of measles that were worried by coughing and my usual remedies had but little effect. I put thirty drops of Fld. Ex. of Mistletoe into ℥iv of thin syrup and sent, to be given in teaspoonful doses every hour. The next morning the mother of the children told me I ought to get a patent on that cough medicine, as she never saw anything act so promptly. Whooping cough will probably be subdued in like manner.

So we have growing in Southern California one of the most reliable remedies I have ever handled, and probably unequaled by any other in the ailments I have mentioned. But why it does not condescend to place its feet in the soil and grow like other plants is a mystery.

Since writing the above, I have been delighted to learn that the mistletoe grows on Mount Lowe, and of course, if it grows there, it also abounds in various other mountain regions, so that

we can secure all we need in our own country. Remember Professor John King said it would cure Epilepsy, Insanity and Paralysis. Many are afflicted with epilepsy and, but few of us would escape on a charge of insanity, and paralysis is usually stubborn in its hold upon its victims, and should have the best possible remedies. They should have a good supply up at Highland Asylum for their noisy boys and girls, instead of leather straps. But those brutal enough to use leather straps on the poor creatures would be sure to over-dose with the remedy, and increase the trouble and say it was "no good."

TUBERCULOSIS OF THE HAND.

M. S. Aisbitt, M.D., Los Angeles, California.

Read before the Los Angeles County Eclectic Medical Society.

Mr. H——, blacksmith by trade, came to the college clinic, the latter part of the session of 1907-1908, with his hand bandaged and said he had blood poison in it. Placing his hand on the operating table and removing the bandages, he revealed a hand resembling a boxing glove; the wrist joint had very little motion, pronation and supination were lost. The fingers and thumb were contracted and flexed on the palmar surface of the hand and two sinuses underneath the thumb. The hand was very much swollen and congested, with six sinuses on the dorsal side emitting a fetid sanguineous discharge.

This discharge always indicates bone involvement which the probe proved to be the case here. Gangrene was in sight from the fact that the hand was highly discolored. He could not move his arm at will, having to use his other hand to move it. The metacarpal bones were denuded of their periosteum, which caused death to a portion, of which there is a specimen in the college museum.

In reviewing all the conditions of the hand I diagnosed it as tuberculosis of the hand. Treatment: I commenced to bathe it with warm water and carbolic acid as hot as he could bear it, injecting the sinuses with the same, packing them with gauze saturated with a solution of zinc sulphate, boracic acid and peroxide of hydrogen, echinacea alternately, prescribed aconite and veratrum viride to reduce the swelling and to overcome the contractions, ordered the patient to bathe the hand at night with hot water. In addition to the above, I applied a pledget of cotton saturated with aconite and carbolic acid, this was changed once a day. Ordered him to extend the fingers and work the joints by putting his hand on the table and to use force in order to relax and remove the contractures. This method of treatment was con-

tinued daily and produced satisfactory results and restored the member to its usefulness to the man in his daily toil.

The surgeon who treated this case should give up his title in view of the fact that if he had continued his treatment, the man would have lost his hand and probably his life. Every surgeon has the right to select remedies and apply them, but, if they are not applied at the proper time, they will fail to have their specific effects. The surgeon who fails to apply his remedies thus, very often brings them into disrepute and drives them into oblivion for a time, until some one perchance brings them into use with renewed reputation and they henceforth serve a useful purpose.

This man was so grateful for what we did for him, that he came back to the college at the beginning of this season to show his gratitude and to exhibit his hand to the class. This made a good impression on the minds of the students, for they could see imprints on the hand of how bad a case it had been from the numerous cicatrices which they examined, and the students seemed to be elated over the fact that such a case of surgery could be cured at the California Eclectic Medical College after an allopathic surgeon had failed.

THE TWELVE TISSUE REMEDIES.

John Fearn, M.D., Oakland, California.

What is Biochemistry or Schusslerism?

Schussler himself claims it is not in any way Homeopathy. M. Docetti Walker, in the prefaee to the new treatment of disease by Dr. Schussler says: "Biochemistry is clearly not Homeopathy." In The Twelve Tissue Remedies, by Drs. Boericke and Dewey, page 20, they say: "Schussler puts Biochemistry forward with an evident desire to become the founder of a new system of medicine." Quoting again from this book we read on page 21: "We advance the hypothesis that Homeopathy and Biochemistry are one and the same; that Biochemistry is a rational explanation of the Homeopathic action as contained in that law of Hahnemann, '*Similia similibus curantur.*'"

Without attempting to be dogmatic, or to decide for others, I desire to say, I believe Biochemistry to be Homeopathic in essence. Doubtless we have much to learn about these twelve remedies, but I doubt the wisdom of trying to found a system on such a short list.

Surely, medical men will hesitate before they will set aside the list of medicines they have so long used, to take up with these remedies. Though I believe in their efficacy in their own sphere, yet I only look upon them as a small part of the doctor's arma-

mentarium. Some have been illiberal enough to condemn them because, as they say, they savor too much of Homeopathy. To this I reply: The wise physician chooses his means of cure from all sources. The first inquiry about a remedy is not, from whence does it come or who introduced it?—but will it do the work for which it is given? If it will relieve pain, if it will heal the sick, that is sufficient.

Another objection is, that the dose of these medicines is so infinitesimal that they cannot accomplish anything. To this I would say: There are few, comparatively, who have begun to appreciate the very small quantities with which nature does her work, in both the animal and vegetable kingdoms.

We give a man or woman a dose of iron. The iron need not be large; it may be tincture, or it may be iron in substance, as sulphate, carbonate, or reduced iron. What do we observe? The stools are blackened. Why? Nature only appropriates what is needed for her work. The rest is discharged in the fæces.

Let us look at this matter a little more closely. Here is a healthy babe; it is what is known as a bottle-fed child. It is fed on cow's milk. Suppose it takes from thirty to forty ounces per day. In that pure milk everything needed to build up the body is found. Iron then being needed, it is found in that milk. Of the rank and file of successful physicians today, how few there are who have the chemical skill to segregate that iron. And it will take more skill, and the aid of chemical apparatus, to give the exact amount of that iron. And then, if the other eleven tissue remedies needed for that child's well-being are there, the quantities are so small that the human mind can scarce conceive of them. And if these quantities are enough for the body in health, who shall say they are not enough to establish the healthy equilibrium of the body when by some means that equilibrium has been lost?

Says Schussler, in his new treatment of disease: "A dose of any remedy used for therapeutic purposes, should rather be too small than too large; for if too small, the repetition of the dose will bring about the desired effect, while the large dose may miss its mark altogether."

Again, the same author says: "A very diluted solution of Sodium Sulphate takes a different direction from the concentrated solution. The molecules of the dilute solution which have been introduced into the intestinal canal pass into the blood through the epithelial cells of the mucous membrane of the intestinal tract. A crude, strong solution of this salt cannot pass through these epithelial cells; but by reason of its affinity for or property of attracting water, it effects the flow of water from the blood into the intestinal canal, in consequence of which a watery

evacuation takes place and with the fæces it leaves the body." Thus he makes the point: A solution of salt may be given so diluted that all the molecules of the salt are set free. "If such be the case, the results become plain, which are obtained by means of minimum doses of Sodium Chloride in diseases which have been developed, despite the daily partaking of food containing salt." I may be wrong, but this reasoning of Schussler seems to me conclusive.

PREPARATION OF REMEDIES.

The tissue remedies for use are prepared the same as Homeopathic remedies generally: by trituration, and succession. Take one grain of the medicine, add it to nine grains of sugar of milk, put in a clean mortar, then triturate it for one hour. Here you have the 1x trituration. Then, take one grain of this, add that to nine grains of sugar of milk, triturate for one hour, and here you have the 2x trituration; and so on up the scale, running it as high as you wish. Solutions are prepared the same way, adding the remedy to the proper menstruum, then by succession thoroughly, intimately mix them, running it up in the proper proportions to the solution you want; 3x, 12x, or other decimal solution as needed.

I do not hesitate to say that except in cases of emergency, when you cannot reach your base of supplies, you should never make your own triturations. Few physicians have the time; and if they had the time it would be better to spend that time with their books. Again, few physicians have the appliances or conveniences for this work. My experience is, that these remedies had better be procured from such firms as Boericke & Tafel, Boericke & Runyon, Halsey, or Luyties. These firms are thoroughly reliable. I have dealt with all of them, and their goods have always proved satisfactory.

The dose in using triturations: I add from five to ten grains to half a glass of water. The dose may be one teaspoonful. In cases of great pain or suffering this dose may be repeated every ten minutes; in ordinary acute cases, every one to two hours; in chronic cases, every three to five hours. I shall not attempt to give a full repertory of all the therapeutical application of these remedies, for I have neither the time nor space. I will only give a few of the leading indications for each remedy, on the line of what we call Specific Indications, and for a more extended study I must refer you to the New Treatment of Diseases, by Schussler, translated by M. Docetti Walker, 15th edition; The Twelve Tissue Remedies, by Boericke and Dewey; and the Twelve Tissue Remedies, by Hering; any of which can be purchased through the different Homeopathic pharmacies.

BOTANICAL GARDEN.

G. W. Finch, M.D., Los Angeles, California.

Attention is again called to the Botanical Garden in which it is proposed to congregate all trees and plants of medicinal value that can be grown in Southern California.

Already many plants and trees that have been sent here from the Eastern States, are showing a rapid and unusual growth indicating their inclination to become acclimated in their new surroundings. It is remarkable how plants from distant sections take up with their new location, for we find the alpine flora and that of the plains or forest flourishing equally with those of the sub-tropics.

As an example of what eastern plants will do here, may be mentioned some seedling Elms and Maples, the former of which sent up the first year stems between six and seven feet in height. Podophyllum, yellow parilla and Solomon's seal have made good growths, while poke root (Phytolacca) is as rank as ever and has not forgotten its old inclination to over-run every nook and corner having a rich soil.

And again the Indian turnip (Arum Triphyllum) grows three or four times as large as that found in eastern woods, the leaves assuming the size and shape of the Calla under a California sun. While there are still many plants from the East to be desired, it is requested that some one residing in Georgia or other of the Gulf States will forward a small vine of Gelsemium Semper virens, and from farther north let some one send living roots of Leptandra Virginica and seeds or seedlings of Ptelia trifolata (wafer ash). Also Staphylla trifolia (Bladder nut) belonging to the order Sapindacea which embraces the buckeye and kindred trees.

It is desired to enter into communication with any one who is so located that, (either East or West) it is convenient to collect and forward the seeds or living roots of anything of medicinal use. Whatever expense is incurred in mailing the same will be defrayed by the writer. It is desired to interest every Eclectic in this cause and every other person interested in Materia Medica or Botany. This garden will stand not only for its utility in medical instruction, but as a living monument to Eclecticism and to Eclectics, and cannot help being a "thing of beauty and a joy forever."

THE ETIOLOGY AND PATHOLOGY OF PUERPERAL ECLAMPSIA.

By P. F. Bullington, M.D., Chico, California.

In selecting this subject for a paper, I am fully aware that to furnish proof of the contentions made would be next to impossible, for no sooner does a clinician or pathologist come forward with a theory as to cause or effect of this dread disease than some other investigator smites him upon the head with a club of facts, and down goes his presented theories like the proverbial cob house.

If I do nothing more than to stimulate a desire to investigate and determine the cause of eclampsia in the minds of my fellow practitioners then I shall have been well paid for my pains.

The onset of eclampsia is usually very sudden, without any premonitory symptoms, and comes on at a time when the family is least prepared for such a disease, often speedily paralyzing the hopes of the attending physician, and shocking the sensibilities of sympathizing friends, and in many cases leaving the husband without a wife, and a depending child or children without the kind care and protection of a loving mother.

The profession is well aware that the cause of these convulsions has ever been a great source of contention and even at the present day nothing definite is known, further than that it must be a toxemia of some kind, whose production or retention is manifest with the parturient woman. The action of this toxin is in such intimate relation with the parturient process as to show that some influence at this time exists to a greater extent than formerly, by which there is either a greater production, or a greater retention of what is ordinarily produced. It is also evident that this influence, which probably exists to some extent in all cases of utero-gestation, is an exception in an extent capable of producing convulsions, as there is about one case of eclampsia in every 300 to 500 parturitions.

The death rate from puerperal convulsions is high and in my opinion will remain high until the profession knows more of its etiology and pathology, and until the proper attention is given to prophylaxis that it demands.

It is to be hoped that some investigator will, in the near future, give to the world a specific treatment for this dreaded malady that will reduce the death rate to a minimum.

The etiological factors of puerperal eclampsia will here be considered under two headings, viz., Predisposing and Exciting.

Under predisposing causes we mention:

Age, as a majority of cases occur before 25 years and during the time of the first confinement.

Heredity may well be considered as predisposing to eclampsia in some cases, as several members of the same family have fallen victims to this formidable disease.

Environment has its responsibilities as predisposing to eclampsia, as worry from a business or social standpoint, and unhygienic surroundings, which cause nervous irritability, indigestion, constipation, etc., resulting in a weakened nervous system from a lack of proper maternal metabolism at the time of conception. In fact any inherited or acquired constitutional disease that tends to lower vitality may well be considered as a predisposing factor.

Exciting Causes:

Under this heading we will consider autoinfection, and its most common symptom is albuminuria, but the toxemia that produces eclampsia is no doubt a mixed infection consisting of waste products from the liver and intestines, as well as from the kidneys. These toxins within the circulation of the mother may also be increased by fetal and uterine metabolism.

That the toxemia is not due to one cause only is quite well proven by the fact that treatment directed toward elimination of the toxins is the most effective.

One author claims, "In puerperal eclampsia renal insufficiency is usually an etiological factor, albuminuria having nothing to do with its production."

Grandin has pointed out that "as a rule, toxemia is least likely to occur in those subjects in whom albuminuria in moderate amount exists, while on the other hand, violent toxemia frequently occurs in subjects in whose urine albumin is absent, or present only in trifling amount."

Engorgement of the blood vessels and the retention of urea must also be important factors. As the amount of urea excreted diminishes toxemia results. In pregnancy there is increased production and diminished elimination.

In a paper upon this subject, Morse of Washington, D. C., states that a healthy person eliminates 35 grams of urea in a day. If in a pregnant woman this amount is decreased, trouble is quite sure to follow. The presence or absence of albumin, therefore, is not of so much importance as we have hitherto believed, but the quantity of urea in the urine much more accurately determines the pregnant woman's condition.

The system is overwhelmed with toxins, and their sources of elimination are interfered with.

The presence of albumin in the urine does not always mean renal insufficiency. While one woman in 500 may have eclamp-

sia, and many hundreds may have albuminuria, still in 108 cases of eclampsia reported by Gerster not one had albumin at any time during pregnancy.

These facts can only be reconciled with the belief that there is a causative relation between the condition of the urine in pregnancy and eclampsia.

Recent study of the toxemia of pregnancy by Prof. Ewing of Cornell University Medical College leads him to regard the toxemia of pregnancy as a result of functional disease of the liver, resulting finally in hemorrhagic hepatitis, or acute yellow atrophy. Hemorrhage occurs in minute spots, and is present in all cases of acute fatal eclampsia at term and in 95% of all cases of any variety of eclampsia. He also regards as secondary any disease of the kidneys or other organs, because the "Synthesis of urea is exclusively a function of the liver."

Allen of Baltimore, Maryland, whose experience must have been varied, also looks upon the liver as the most probable cause of eclampsia, and says that as a rule urea is diminished, and yet a patient excreting 20 grams in 24 hours had eclampsia, while another excreting 1.8 grams had no sign of eclampsia.

Shock may be considered as an exciting cause of eclampsia. Many women soon after delivery are attacked with a vigorous chill that is not followed by any rise of temperature, which is ascribed to shock. I remember one case, where the woman was sitting up in the bed on the third day after delivery, talking to her husband and the nurse, and so far as they could see was getting along splendidly, this being about her fifth confinement, and after taking a drink, reached out to put the glass on a nearby table, and the glass fell to the floor with a crash, when she cried out and fell back in the bed with a convulsion, and continued to go from one convulsion to another for six hours, never regaining consiousness, when death closed the scene before medical assistance arrived.

Pressure upon the ureters causing obstruction to the renal outlet thereby producing an overflow into the system of the urinary toxins has been considered as a cause of eclampsia.

Uterine contractions at the time of labor have been considered as an exciting cause of eclampsia, yet uterine contractions during the entire latter half of pregnancy are constantly going on in all pregnancies and no eclampsia results, save in the 1-5 of 1% of deliveries.

That the toxins are in part produced by fetal metabolism, is quite probable, because when the child in utero dies, or is expelled, convulsions usually cease.

Notwithstanding the many theories as to the etiology of eclampsia, we are forced to admit it is still a mystery.

Pathology:

Under this heading I have but little to offer, as there is little known, positively, to be the effects of eclampsia.

Autopsies on patients who have succumbed to eclampsia show conditions so varied that they teach us but little in regard to the true nature of the disease, and often it is difficult to tell whether the changes found should be looked upon as cause or effect of the disease.

The *brain* is usually anemic and oedematous, and sometimes there is an extravasation of blood into the ventricles and at the base.

The *kidneys* are frequently in a state of congestion, or of acute or chronic nephritis. Often the ureters are dilated, and in some cases no trace of abnormalities is found in the urinary organs.

In the *liver* small emboli have been found, far away from the place where they originated.

The *heart muscles* are sometimes found degenerated.

The *lungs* are oedematous or inflamed.

Conclusions:

1st. The toxins producing eclampsia probably consist of waste products from the liver, intestines and kidneys, augmented by fetal and uterine metabolism.

2nd. Renal insufficiency, perhaps from pressure, rather than albuminuria, is usually an etiologic factor.

3rd. There is probably a causative relation between the condition of the urine in pregnancy, and eclampsia, because toxemia results where the amount of urea excreted diminishes.

4th. On sudden evacuation of the uterus, or the death of the fetus, eclampsia often suddenly stops, which tends to prove that the fetal metabolism, or the pressure exerted by the fetus, tends toward producing the eclampsia.

THE VILLAGE DOCTOR.

By Dr. W. N. Kennedy, Willits, California.

To view the facts of the case, it will be necessary first to look retrospectfully into our own lives at a time when our boys and girls reach the age of adolescence; when they begin to think, act and do for themselves; when two hearts begin to beat as one, and with all the instincts of human life, find a spot on God's terrestrial ball, surrounding that spot with all the blessings their means and strength will afford, and call that spot "home.." "Be it ever so humble," it is home if the heart is there. They may mingle in society or live as secluded as they like, by obeying the laws of the land they can exclude the public officials, pay their

bills promptly and keep the collector from the door. In similar ways avoid others and lively entirely alone if they choose. But the day will come when one man will walk into that house, and that man will be the village doctor. What kind of a man should he be? He does not come as an intruder, but as a welcome guest. They know but little of him. He may be an entire stranger to them, but as a necessity they have called him into the secret portals of their home. What kind of a man should that village doctor be? Peace and quiet reigns within until death knocks at the door. They run to the nearest physician. "Come quiek!" and they lead the way. Not as a stranger who stops at the door of the parlor does he come; nor as a friend and neighbor who may see the drawing room or partake of the bounties of the table. You take that man right to the bedside and there in the clutches of that grim monster Death, lies the dearest one on earth to you.

What kind of a man should the village doctor be? The moment he crosses your threshold he becomes a most important factor. All your hopes are in his medieal and surgical ability; he depends largely upon your cooperation to assist him in carrying out his plans.

Anehor your confidenee and trust in him and remember that he is a licensed professional, and is doing the best in his power. Long before he came into possession of that license, he realized the responsibility of his profession, which he now feels so keenly. I am sorry to say he is seldom the man he ought to be; but he is often far above his reputation. In conelusion I wish to say that there is no path in life where a man is so thoroughly unappreciated and so frequently maligned as in the medieal profession. Here is to the village doctor. Speak a kind word for him if you can; and you can. And when his skill, his honor, his character, is assailed, do not give it credit until you know that it is true. Too often the man who starts the little blaekmail story is the man who owes the doctor a dollar. It is often quite a safe thing when you hear a person assailing a physician to ask them, "How much do you owe the doctor?"

Well has it been said, "Steal my purse and you steal trash; steal my good name and you take all I have." The life of the village doctor is not always as tranquil as it seems. He bears the other man's burden, and travels while other men sleep. He must know how to be all things to all men. Well does he know that his heart may break while his face wears a smile. Give him the very best eheer you ean, and hope that when his days of usefulness are over, and the evening of his life is come, that in peace and quietness he may realize the joys that he was deprived of in his earlier manhood.

A DOCTOR'S SYMPHONY.

By George F. Butler, M. D.

With this New Year resolve to live without anger, avarice, envy and littleness. Resolve to be generous, liberal and kind; to recognize the extreme value of health and human life and to strive by every means to roll back the tide of disease and death; to give something to shape the million-handed labor to an end and outcome that will leave more sunshine and more flowers to human kind. Let your labor be so ordered that in future times the loved ones may dwell longer with those who love them; open your minds; exalt your souls; widen the sympathies of your hearts; face the things that are now as you will face the reality of death—fearless and alone. Remember that the battle of life cannot be fought by proxy; be your own helper.

Go thou alone—
Let not thy courage fail,
Nor weight of pain avail
To stay thy onward feet.
What e'er betide thee sink not
E'en in thy anguish think not
Under God's generous sun
So much of sorrow lives save goodness to complete.

Go thou alone—
Though friends and fortune pass
Beyond thee, and alas
Love's visions fade away,
Look to the stars and ponder
How poor thou art, and wonder
How the vast undertone
Of thy creative thoughts could blossom in a day.

Go thou alone—
The breathing atom in thee
Shall one day rise divinely
From this its cradled home
Be wise and brave and loving
From lowliest essence moving
In circlets one by one
Up to thy perfect shape
the highest earthly power.

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ATMOSPHERE.

We have been impressed with the similarity which exists in the painting of a landscape and the prescribing for a person who is sick. There is a subtle something which permeates each landscape and it must be considered in developing the slightest detail. Likewise there is a subtle something which permeates each person, and it must be considered in prescribing for the slightest ailment. In a landscape it is called atmosphere, in a person it is called idiosyncrasy. The method of estimating and the technic employed in surmounting the obstacles met with in each instance are also comparable.

A careful examination of the scene enables the artist to fix in his mind the color of the all-pervading atmosphere, and he selects a little paint of this, that, and the other color until he has built up a composition which he estimates is of the same color as the atmosphere embodied in the subject which he is about to paint. Now, as he paints the grass, the mountains, the clouds, the sky, he constantly adds a little of the atmosphere paint to the paint which gives the real color of the object being delineated. By this means a harmony of color is maintained throughout the entire composition, and nature's moods are permanently fixed upon the canvas.

Likewise a careful examination of a patient, enables the doctor to fix in his mind the idiosyncrasy of that patient. Be it "liver," "weak lungs" or "rheumatism," he sees it and from that moment, in prescribing for that patient for "mumps," "measles," or "diarrhea," he estimates the effect of the diathesis upon the current disease. Moreover, experience has shown that the best results are obtained by giving the "atmosphere medicine" as an adjuvant to whatever the indicated remedy may be.

THE NEW AMERICAN METHOD OF THERAPEUTIC STUDY.*

FINLEY ELLINGWOOD, M.D.

Every physician of whatever school, has at sometime or other, had an earnest desire to know of some remedy, or some measure which he could feel sure would invariably relieve some exact condition of disease. Most physicians in the profession at large, have hoped for a single remedy that would cure all of the elements or factors of a single disease. Quinine is a specific for malaria and many of the conditions that result from malaria Antitoxin is now nearly a specific for diphtheria, but for other general conditions—diseases—we have no specifics, even after more than a century of diligent search. Is it not time, then, to conclude that it is a waste of time to search for specifics for an entire disease?

On the other hand those who have been willing to look for single remedies that would quickly cure separate conditions or factors of disease, have been remarkably successful and have learned that certain remedies, especially those of the botanic group, have a marvelous—an almost miraculous—power at times in relieving such conditions. This then impels us to apply the term *specific* to those remedies which have a selective action upon some *exact condition*, and which can be depended upon to relieve that condition, in a larger proportion of the cases in which it appears.

In this study then, which comprehends the acquirement of a knowledge of the directest possible action of drugs, two conditions are involved—two fields for study. The first is the exact diagnosis of the disease; the study of the disease with reference to *all the factors* which it may contain. This is best studied at the bedside, and that brings us to the fact that in this successful

* This paper is a copy of an article prepared by Dr. Finley Ellingwood, and published in the Delhi Medical Journal of India. It was afterward translated into German by Dr. Isenburg, of Hamburg, who published it in a medical journal of his country. It is thus a translation of a translation but every reader of the article will decide that it is well worthy of a double translation, and a double presentation. At least, we take it that our readers will accept that it should not be lost to American readers of Eclectic literature. (Editor)

work it is absolutely necessary to study *each patient* with reference to the symptoms which appear in that particular case, at that exact time. This then makes it imperative upon us to treat *the patient* and not the disease as usually named; to treat with reference to the condition of this patient in this particular case.

The second is to study the action of each remedy alone, watching it carefully whenever administered; observing its direct influence and its side influences; watching for every possible condition of disease upon which that remedy seems to exercise a favorable influence. Then, arranging these conditions with reference to their relations to each other, as well as with reference to the part which is involved, we are enabled to prescribe with a marvelous precision.

It is absolutely impossible to ever know what a single remedy will do unless it is given alone, and its effects watched when no other remedies are given. All remedies have a selective action for some organ or part; this every physician believes. It does not take long, in the study of a remedy, to determine that there are certain influences that it will exercise in every patient, when administered in proper dosage. The physician then soon learns to use this influence where it can be used; and he may learn to use it with as much skill, as a surgeon uses his knife. It requires however, a great deal closer study, an infinite amount of patience and much closer and more faithful application to learn these facts, than it does to learn to apply the knife, consequently there are more good Surgeons than there are exact Therapeutists.

The two conditions, then, specific diagnosis, and specific drug action, must be thoroughly and most persistently studied, and the study will necessarily continue from day to day and from week to week, and from year to year through a long career; it must continue also with every patient and with every phase of disease.

If the typical diseases as named in the textbooks, were all that the physician ever met, our study would be greatly simplified; but every physician knows that we are constantly meeting, almost with every patient we treat, conditions that are unusual or conditions that vary from those we expected to see, or, as is very often the case, conditions *with which we have never met*, and which we have never seen described. We also find in one disease conditions with which we are familiar, but which we have never seen before in this disease. This condition may be a conspicuous one, and one that demands urgent treatment, and if we depend upon a specific for the disease as a whole, we might fail entirely because of this unusual condition here appearing.

In the study of the action of remedies, we will have seen an influence of some remedy, which is either this exact unusual pathological phenomenon or one very similar to it which will suggest that that remedy should relieve the condition here appearing. This enables us to use that remedy, and if our observation is correct, and a diagnosis of the exact condition is correct, the remedy *will positively relieve* the condition, whether it has ever been used for that purpose or not.

In partial illustration of these statements; I early learned that small frequent doses of ergot, was specific in the early stage of acute congestion of the brain, in children. I used it for that purpose in several consecutive cases with very happy results. I was called at one time, to see a boy who had fallen from a height, striking upon his head. There was shock and concussion, but I doubted cerebral hemorrhage. I was further confident that traumatic congestion would take place most actively and possibly inflammation. I immediately inquired of myself, "If ergot relieves acute congestion from the usual causes, why should it not relieve or prevent congestion from traumaitic causes?" I administered the remedy to the patient and I assure my readers that from the knowledge I obtained from the action of that single drug in that case, I would consider myself criminally negligent if I had not administered the drug in every similar case since. I have seen the most fortunate results from its action often clearing up unconsciousness, doing away with mild forms of paralysis, and resulting in a normal condition very speedily.

Belladonna will antagonize local congestion in any organ. This has been determined by all of our observers. Its influence in acute cases, is more quickly apparent, of course, than in more chronic cases, because the resultant conditions of congestion—the changes which follow congestion—have followed in the chronic and these must be overcome, and this takes more time of course. This influence being impressed upon our minds, we are inclined to give the remedy in small doses then, at the onset of local inflammatory fevers, and in other acute conditions in which local blood stasis is one of the primary factors of the disease. Determination of blood to the part, is an essential primary factor in acute inflammation.

We have further observed concerning belladonna that it relieves acute determination of blood to the brain. An accompaniment of local congestion is cool extremeties and cool skin. The evidences of cerebral congestion are cool skin, cerebral dulness, dull eyes, and dilated pupils. If we should then find these conditions together in an acute case, we could not do better than to administer belladonna in small frequent doses, and those of us who have depended upon this medicine for years, for this con-

dition, believe it to be even more specific if possible, than quinine is for malaria. Belladonna, then is indicated in a great many diseases, without regard to the name of the disease, if we give it for these precise indications.

On the other hand, we might have acute inflammatory symptoms, where local engorgement was undoubtedly present, and yet where the skin was very hot and the face was flushed, and the eyes were bright and staring, the pupils contracted, the patient was very restless, excitable and nervous. Belladonna given for the local congestion here, would directly increase the nervous condition, consequently we must adopt a different course. We would then apply heat, over the seat of the local congestion, and meet the cerebral symptoms with a remedy which our observations had taught us was specific for those symptoms of excitable cerebral engorgement, and that is gelsemium. It is surprising how quickly these conditions will disappear under the action of this remedy alone.

We may thus go through the list of conditions that appear in the form of both common and uncommon diseases, and, as far as we have, in our few years of the study of direct drug action, been enabled to find a single remedy for a precise condition of disease, we can treat these conditions with confidence and often with startling success. I have actually seen results that appeared more like miracles, than the results of drug action.

Those who closely study this direct method of drug application and apply it in their practice, are constantly told by their paients often with much surprise, "Why, Doctor, the remedy acted exactly as you said it would, I watched its influence from the first dose and could see its effect very plainly." I have had this stated to me many times. Only recently a lady called me over the telephone for advice concerning her little son who could not, I decided, be brought to my office. I advised her to immediately call in her local physician. She replied, "He is a good old man, and we have doctored with him for years, but I have never yet seen the time that I could say that I plainly saw direct effects from the old doctor's medicine, while your remedies always do exactly what you tell us they will do. We have become very confident, when we take a dose of the medicine you prescribe that we will get the results we desire."

To further consider this principle of drug application, and to emphasize the fact that a disease cannot be treated successfully by name, suppose we were to enter a hospital ward of typhoid cases. If we had a routine treatment for typhoid fever, we would expect to administer that treatment to each case. In the first patient suppose we found a high degree of nervous exeitement, which would indicate gelsemium, as above advised,

we would have no assurance that all cases would have the same indications. In the next patient we might find the cerebral symptoms, and cool skin which would demand belladonna. Gelsemium given to this patient would prove to be an actual poison, as belladonna would be to the first patient. The third patient we might find with neither of the extreme indications met with in the first two cases, but with a high temperature, hot flushed face and with a long, thin, pointed red tongue, with elongated papillae on the tip. The single remedy which would accomplish more than all other remedies combined without it is rhus toxicodendron. This remedy would then have first place. On the other hand, the fourth patient might have a broad, thick tongue, heavily coated, with a white, pasty, coat, the mucous membranes of the mouth and tongue being pale. This patient demands alkaline treatment and until the excessive acidity in the gastro-intestinal tract is neutralized, other remedies will avail but little. When this is accomplished we may find that aconite or bryonia are the most positively indicated fever remedies.

Perhaps I have said enough to illustrate the fact that the profession as a whole, if they become successful practitioners must, absolutely, do the largest part of their therapeutic study all over again, according to an entirely different plan than that which they previously adopted. There must be a re-study of disease with reference to every pathological factor in each case. Then all prejudice must be laid aside, and those remedies must be studied which are known to exercise specific influence upon any condition, however, unimportant that condition may seem to be. The direct influence of many remedies is not a marked one. It is not one frequently found; the condition which the remedy will cure, may be one, however, which though simple in most cases, and when appearing, the life of the patient may depend upon the doctor's knowledge of that remedy which will invariably correct that condition. Many remedies will not act upon more than one condition specifically and may seldom be demanded, but they must be remembered and used when that condition appears.

I was called a few days ago to treat a patient that had had bilious colic of a most atrocious character for eight or ten hours, the spasm of pain appearing every three or four minutes. I prescribed several remedies during the first two hours, with no result. In this I was culpable, as I well knew the specific action of dioscorea villosa, in bilious colic. I added a half a tablespoonful of that remedy to a small teacupful of hot water and administered this. In twenty minutes the second dose was given and that ended the entire train of symptoms, the patient re-

covering without other medicine. It has been a long time since I have met the group of symptoms which dioscorea will cure, but how important this remedy was, when indicated, is represented in this case as it has been in many others like this, in which this remedy has never failed me. I could have given morphine, but the direct influence of this remedy upon all the conditions involved, is far superior to morphine with no after effects.

In the study of the various remedies which we have found to possess specific properties at times, in the cure of diseased conditions, we have been enabled to find quite a number which influence certain definite conditions, and these we have been able to classify and arrange in accordance with their different modes of action.

For instance, in the treatment of fevers we depend exclusively upon gelsemium, veratrum, bryonia, and rhus toxicodendron. We do not use the coal tar derivatives.

In the treatment of pain, we depend but little upon opium or morphine because we have learned that pain is best controlled by action upon the precise conditions that underlie the pain and that explains the action of those remedies which control each specific pain, which have no influence on other pains. For instance dioscorea as stated, relieves pain of a cramp-like character in the stomach and bowels, but very few pains elsewhere are influenced by it although occasionally, spasmodic pain in the ovaries may be treated with this remedy.

Colocynth relieves abdominal colic of a sharp, shooting character. Where there is colicky pain in the region of the umbilicus, especially if the tongue is pale and coated white, and there is a yellowish or whitish color around the mouth, nux vomica is the remedy.

Gelsemium relieves pain referable to a single nerve cord, such as facial neuralgia, and so we may go through the list of pain relieving remedies. We do not discard opium or morphine, but prescribe them specifically. We have indications for their use, and as positive indications for their non-use.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in

Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on January 5th, 1909, at 8:00 p.m., at 818 Security Building.

In the absence of the President, Doctor Finch presided.

Doctor Munk read a very interesting paper on Anemopsis Californica and exhibited a number of preparations as well as the crude drug.

Doctor Aisbitt reported a clinical case of Tuberculosis of the Hand.

Doctor Lawrence read the resolutions of respect, which he had been requested to prepare, and which were adopted as read.

Doctor Finch will read a paper and Doctor Baird report a clinical case at the next meeting.

Adjournment until February 2nd.

P. M. Welbourn, See'y.
Dr. L. A. Perce, Pres.

RESOLUTIONS.

WHEREAS, in the death of Dr. Theodore Judson Higgins, our society is bereft of one of its esteemed members, the Eclectic medical profession a staunch exponent, the college an earnest worker, and the Journal a valuable contributor; therefore be it

RESOLVED, that we the members of the Los Angeles County Eclectic Medical Society, extend to the family of our late colleague, our heartfelt sympathy in this their time of sorrow; and make known to them our appreciation of his character as a man, his ability as a physician and his fidelity as a friend and brother, and that a copy of this resolution be forwarded to the family, published in the Journal and spread upon the minutes of the society.

Respectfully submitted,

W. J. LAWRENCE, Committee.

WHEREAS, the messenger of death has entered and removed from the family of our respected friend and brother Dr. G. W. Finch, the Wife and Mother; therefore be it

Resolved, that we, the members of the Los Angeles County Eclectic Medical Society give expression of our earnest and sincere sympathy to the family in the loss of their loved one, and attest our appreciation of the noble character and Christian fortitude of Mrs. Mary B. Finch; and that a copy of this resolution be sent to the family, published in the Journal and spread upon the minutes of the society.

Respectfully submitted,

W. J. LAWRENCE, Committee.

STATE SOCIETY.

The annual meeting of the Eclectic Medical Society will be held at San Francisco, May 25-26-27, 1909.

It is expected that the meeting will be one of the largest, if not the largest, ever held. Encouraging reports are continually coming to hand, and a general revival of interest among Eclectics seems to be at hand.

You are earnestly invited to notify the secretary that you will be present, and what the title of your paper will be. If you cannot be present, write a paper and send it to the secretary. Any officer of the society will be pleased to present it.

J. PARK DOUGALL, M.D., Secretary.

J. A. MUNK, M. D., President.

NATIONAL BULLETIN FOR FEBRUARY.

The National will meet in Chicago, June 15-18, 1909. The following local Committee of Arrangements has been appointed which will insure a careful management of the details necessary to the entertainment of a large visiting delegation.

Chairman, N. A. Graves. Members, J. D. Robertson, W. R. Sehussler, J. B. Davis, W. E. Kinnett, W. J. Pollock, C. H. Bushnell, and Finley Ellingwood.

Members should begin now the preparation of a paper which shall embody some phase of disease and its specific treatment. See to it that this year's session devotes the necessary time to the study of Specific Medication, the bulwark of our school.

The new relationship between the national and the State Societies is now an established fact, and is bound to react for the good of the whole Eclectic profession. Go to Chicago in June. Take part in the meeting. Put yourself right with the Treasurer, and put your shoulder to the wheel, and with your best efforts give to Eclecticism a new impetus.

JOHN K. SCUDDER, President.

1009 Plum St., Cincinnati, Ohio.

WM. P. BEST, Secretary,

2218 E. 10th St., Indianapolis, Ind.

NEWS ITEMS.

Dr. O. C. Welbourn has returned from his Eastern trip.

Dr. Bainbridge, Santa Barbara, was in the city for one day recently.

Dr. Turner, Pomona, was a business caller in the city a few days ago.

Dr. T. J. Peterson, Lompoc, was in the city for a few days during the holidays.

Dr. B. E. Fullmer has opened offices in the building at the corner of Third and Hill Sts.

Dr. H. Ford Scudder, Redlands, was in the city on business last month and attended the County Society.

We have received a copy of the official Journal of the American Institute of Homeopathy, and great credit is due the publication committee, because the Journal is excellent.

Dr. J. A. Munk and brother, Judge Munk, have returned from a two week's visit to their ranch in Arizona. The Doctor also visited in Phoenix, Tempe, Yuma and Tucson.

Dr. O. S. Laws is able to be down town and we trust that he will be able to continue his lectures at the College in the near future. Dr. Laws lectures on Specific Medication and Specific Diagnosis.

Information has been received at this office through Dr. E. C. Bond of Phoenix, Arizona, that there is a good opening at Bouse, Arizona, for a physician. Any Eclectic physician who is looking for a location should investigate this. Bouse is a new mining camp and a very promising one.

Lest any reader of the Journal should think that the statement made by Doctor Munk in his article on Anemopsis, which was read at the last meeting of the County Eclectic Medical Society and printed in this number of the Journal is another case of "nature faking" it may be proper to mention that there were presented at the meeting three such specimens of Anemopsis roots that were actually pierced entirely through by salt grass roots. This is not a usual occurrence but that it does sometimes happen is fully proven.

PASSIFLORA'S PROVINCE.

In chorea, neurosis and the various nervous diseases of women and children, a calmative is required that combines the properties of a tonic and tissue builder. Daniel's Concentrated Tincture Passiflora Incarnata meets these requirements and gives results that are satisfying to both physicians and patient.

For sufferers from rheumatism and insomnia, two or three teaspoonfuls controls the nerves and induces restful sleep.

In the case of a young women in a chronic state of metritis, Passiflora gave results that no other remedy had accomplished.

During the menstrual period, pregnancy, menopause and childbirth, Passiflora should be administered to check irregularities. For all extreme nervous cases, arising from functional disorders in females, and nervousness produced by overwork or dissipation in both sexes, Daniel's Passiflora allays tension and restores a normal condition.

LUNG DISEASES.

The unquestioned value possessed by cod-liver oil in all conditions of reduced vitality and particularly in those marked by serious nitrogenous waste, has won for it the most extensive use and firmly established it in the medical profession's favor. Not alone in chronic disorders, attended by mal-nutrition, has its worth been demonstrated but also as a builder of tissue and a restorative in convalescence, especially in that state following acute lung and bronchial inflammations.

At the present season, keeping in mind the prevalence of lung and bronchial diseases, cod-liver oil's possibilities as a food and tonic for convalescents from pneumonia and other acute respiratory ailments should not be overlooked. Few diseases leave a patient so utterly broken-down and so susceptible to a still graver disease as do these acute infections of the lungs and bronchi. Judicious care and a properly chosen therapeutic regimen, during the several weeks immediately following a pneumonia, may determine the difference between complete recovery and the grafting on of a tubercular process.

At this important period, the indicated remedy, cod-liver oil, stands out in bold relief against a back-ground of a host of drugs. But care must be taken that a palatable preparation be chosen, for, though a serviceable product be selected, if its use disturbs the stomach and interferes with this important organ's function, its value will be vitiated by the harm done to the gastric apparatus.

Hagee's cordial of the extract of cod-liver oil compound is the ideal preparation of this class and daily it demonstrates its efficiency in the hands of thousands of physicians. Extemporaneously prepared cod-liver oil combinations cannot receive serious attention when the medical profession has at its command such an elegant, palatable and yet, withal, meritorious agent as Hagee's cordial of the extract of cod-liver oil compound. Granting, however, that a product prepared in small quantity and at irregular intervals has some merit, it cannot be so trustworthy as one which is prepared in large quantity and accurately compounded by men who make its preparation a life work.

—*Medical Era.*

The California Eclectic Medical Journal

Vol. II MARCH, 1909 No. 3

Original Contributions

THERAPEUTICS OF TISSUE REMEDIES.

JOHN FEARN, M.D., Oakland, California.

FERRUM PHOSPHORICUM.

"Iron is a constituent of the blood corpuscles and of the muscle cells, etc. When the equilibrium of the iron molecules in the muscular fibres is disturbed, the fibres become relaxed. These fibres are circularly arranged round the blood vessels and through this relaxation the vessels become dilated and distended, and an accumulation of blood takes place in the vascular parts so affected; rupture of the vessels may take place and consequent haemorrhage will follow. When the muscles of the intestinal villi (absorbents) suffer a functional disturbance of their iron molecules, loose evacuations will follow."—*Schussler.*

In the old way of medication iron was principally given in cases of anaemia. In the Biochemic treatment we see outside of anaemia iron fills a large field. I have proved Ferrum Phosphoricum to be a valuable remedy; and we have specific indications for its use, just as much as we have for specific medicine aconite; and in a brief way I will try and give the specific indications for this and the other tissue remedies.

SPECIFIC INDICATIONS FOR FERRUM PHOSPHORICUM.

In the early stages of all fevers, in bruises, and abrasions, congestion (active) fresh wounds. In fact, wherever we have irritation, determination of blood, heat, swelling, pain, and redness. This is a prime remedy, and may be used with these indications in cerebritis, conjunctivitis, laryngitis, stomatitis, enteritis, cystitis, etc.

Abscess, early stages, heat, pain, throbbing.

Fevers, especially of children. In the remittents of childhood, I have given one tablet triturate every hour during stage of fever with great satisfaction, giving a mild antiperiodic when fever is down. In the classic indications given by Scudder in diseases of childhood for gelsemium, "Flushed face, bright eyes, contracted pupils, increased temperature and great nervousness." Ferrum Phosphoricum fills the bill.

In case of anæmia of weakly children with tendency to tuberculosis, Ferrum Phosphoricum is a good remedy, the infinitesimal portions of iron being easily appropriated by the system. Let me quote a case in practice: A young lady about

nineteen years old, suffering at every period severly; symptons being determination of blood to the brain, head hot, flushed face, severe throbbing headache, Ferrum Phosphoricum 3x was given one tablet. The resulting relief and cure was quick.

As an application to inflamed mucous membranes or to fresh cuts and bruises, if we add twenty-five grains of the 3x trituration to six ounces of pure water, it can be used as gargle or lotion with fine success.

Magnesium Phosphate.

"The action of Magnesia is the reverse of that of iron. By functional disturbance of the iron molecules the muscular fibres relax; through the functional disturbance of the magnesium molecules they contract. Therefore, magnesium phosphate is the remedy for all cramps, spasms, etc."—*Schussler.*

Close study of this remedy will repay the doctor.

Specific Indications: This remedy is indicated in cramps, spasms, sharp pain of a spasmodic charaeter; the pain comes and goes.

Neuralgia in any part of the body. In the head it is darting; very intense. The pain at times stops, but soon returns. Usually there is no fever, should there be, give Ferrum Phosphoricum alternately.

In the early stages of appendicitis I have used this remedy with success, at times using spec. medicine dioscorea, in small doses, as an alternate remedy.

Asthma, especially when complicated with flatulenee.

Dyspepsia with flatulence.

Convulsions, of either children or adults; thumbs turned in, fingers clinched.

Dysentery with severe cramps.

Colic, true, it is a great remedy, espeeially if the conditions are acid.

Epilepsy during spasms; if very low and depressed, alternate with kali phos.

Spasmodic nervous headache.

Singultus. In this trouble it has done more for me than all other remedies together. In a very old and infirm patient, almost in extremis, good results were at once seen. In one case of typhoid, with malignant conditions, the hiccough was most distressing, night and day, asleep or awake. All my tried remedies failed. I was only beginning the study of these remedies then. As a last resort, I turned to Magnesium Phosphate 3x, but with little hope of help. On my next visit the patient looked at me and said: "Oh, Doctor! Why did you not give me that medicine before?" When the spasmodic diffieulty or pain is severe, I give in hot water.

Kali Phosphoricum.

"Is a constituent of the brain, the nerves, the museles, and

the blood corpuscles. A disturbance of the function of the molecules. of this salt causes mental depression, manifesting itself by irritability, over sensitiveness, tendency to weeping, dread, etc." —*Schussler.*

SPECIFIC INDICATIONS: For years, the same mental and physical indications calling for spec. pulsatilla have guided me in the choice of this remedy; but this remedy reached conditions beyond what I claim for pulsatilla. Changes in the tissues of the body, and even in the blood, looking towards sepsis. Hence, the value of Kali Phosphoricum in mortification and diseases attended with putrid discharges from the body. And can we be surprised when we find that analysis of pulsatilla, baptisia, rhustox, cimicifuga, cactus, etc., shows that these valuable remedies contain Kali Phosphoricum in their make-up? This remedy then is good in any and all diseases where there is great depression, mental and physical. The patient easily cries; he will cry when there is no physical basis for tears, so it is easy to see that there are few remedies that have a wider field of usefulness. Let us just look up a few places for its use:

Asthma, when the nervous system is very much depressed.

Wasting diseases. The patient is much depressed, the discharges from the body are very fœtid.

Bright's disease, with great nervousness and depression.

Children's diseases. The child is nervous, fearful, is easily startled and frightened.

Eyes weak from general nervous trouble.

It may be well to use ignatia, 2x trituration, as an intercurrent remedy.

Headache from much reading and close study.

Palpitation of the heart, with great nervous anxiety and melancholia.

Teething children, very fretful. As an alternate remedy use calcium phosphate, 3 x trituration.

Fevers with profuse perspiration; at times quite fœtid.

Paralysis of all kinds where there are great depression and weakness, especially if there be wasting, ill smelling discharges.

Whooping cough, severe, magnesium phosphate as an alternate remedy. I have used Kali Phosphoricum largely, with great satisfaction, and could fill pages with its praise.

CALCIUM PHOSPHATE.

"Is a constituent of the teeth, the bones, the connective tissues and blood corpuscles. It is the remedy for rickets. It assists the new callus formation in fractured bones. It is the remedy in pallor, anæmia, chlorosis, etc."—*Schussler.*

This remedy is needed for the well-being of the body.

SPECIFIC INDICATIONS:—In pale, anæmic, scrofulus persons.

The body is poorly nourished. The process of dentition is backward. The patient is very slow to recuperate after sickness.

Albuminuria. This is a good remedy, and whenever there is albuminous waste it can be used with advantage.

Catarrh of the head. The discharge is not watery but albuminous.

Cough. The expectoration is like white of egg, not watery but albuminous.

Anæmia and Chlorosis, with waxy appearance of the skin.

In recovery from acute sickness. The patient seems to be at a standstill; very little progress is made. This is good to start them up.

Teething. Where the process is much delayed, it is a grand remedy.

Rheumatism, much worse in changing weather, also much worse at night.

Whites. Albuminous mucous discharge.

Whooping cough. Very obstinate, with either Kali Phosphoricum or magnesium phosphate as alternates.

SODIUM CHLORIDE.

"Is a constituent of all liquid and solid tissues of the body. A disturbance in the motion of the molecules of this salt causes a change in the normal proportion of moisture in the respective tissues; a change which exhibits itself in a decrease of secretions in one part, and an increase of the same in other parts of such tissues."—*Schussler.*

This is a valuable remedy among the tissue remedies, despite the fact that it is used in the food every day.

SPECIFIC INDICATIONS:—Serous discharges from mucous surfaces; free flow of tears, watery discharges from the head and an increased flow of saliva.

Asthma with profuse frothy mucus.

Catarrh of any of the mucous linings, from eyes, nose, throat, bowels. Tongue slimy, coating clear and watery; small bubbles of frothy saliva cover the sides. Vomiting of watery, stringy mucus.

Constipation. From want of secretion in lower bowels; at same time there may be much of watery secretion elsewhere, as watery eyes, excess of saliva; the secretions in the mouth have a salty taste.

Skin troubles attended with watery, not sticky, secretions. Watery vesicles.

Polyuria. Also watery discharge after gonorrhœa.

Water Brash. Not acid.

Whites, leucorrhœa. Watery, smarting discharges, after flow or between periods.

Potassium Chloride.

"Kali Muriaticum or muscle salt stands in chemical relation to fibrin. A disturbance of the molecular motion of this salt can produce a fibrinous exudation. It therefore is the remedy for croupous and diphtheritic exudations. It cures dysentery, summer diarrhœa, diphtheria, membranous croup, etc."—*Schussler.*

Specific Indications:—Fibrinous exudations, glandular infiltrations; inflammation of the skin, sore and painful.

Tongue. In almost every disease where we have a white or gray coating at the base of the tongue; a white or gray substance on the tonsils.

Expectoration of thick white phlegm; a slimy discharge from any of the mucous surfaces.

Diphtheria. Therefore we see it is a first remedy in diphtheria, membranous croup, tonsillitis, pharyngitis and laryngitis, the throat being much swollen.

Stomach. Tongue coated as above; lack of appetite; bilious conditions; inability to digest fat or rich foods; pain and uneasiness under right shoulder blade; and there may be vomiting of white opaque mucus.

Peritonitis. Second stage. Perityphilitis with infiltration.

Ulceration of Os. Thick white secretion, and infiltration.

Infiltration. After fevers have been spent, I think we have few remedies if any that are better for removal of infitrations in any organ or part of the body than Kali Mur. Schussler gives this remedy and uses it locally in solution, in all degrees of burns.

Constipation. Characteristic coating on tongue; sluggishness of the liver, trouble from rich food.

Cough, with thick gluey expectoration.

Diarrhœa; chronic, with Kali Mur. tongue.

Swelling of cervical glands, giving rise to earache. Swelled and indurated breasts, and hard tumors in breast.

Eczema, with dry bran-like scales.

This is a very popular remedy, as well as a good one. Few men in our school have doe more to popularize it than our own Prof. H. T. Webster, M.D.

Calcium Fluoridum.

"Is to be found in the surface of the bones and in the enamel of the teeth, etc., and a disturbance of the equilibrium of the molecules of Calcium Fluoridum, causes a continued dilation or chronically relaxed condition of the implicated fibres. Hence, we see such pathological enlargements of blood vessels as hæmorrhoidal tumors, varicose veins, etc."—*Schussler.*

Specific Indications:—All troubles which can be traced to relaxation of elastic fibres, including dilation of blood-vessels, blood tumors, disease on the surface of the bones.

Aneurisms. In the early stages many believe it will keep the trouble in check, even when it cannot cure. Here fer. phos. may be an alternate remedy.

Hæmorrhoids. This is a good remedy. It will give tonic conditions to the weakened intestinal tube, and increase its power of expulsion.

Rectal fissures are healed by this remedy. Using any other indicated remedy.

Cracks in the palms of the hand. Use it both internally and locally.

Relaxed Uvula. Giving rise to tickling cough. Its benefit will also extend to the bronchioles.

Bearing down pains at the menstrual period.

Heart. Dilatation of the heart, with enlagement and dilatation of blood-vessels.

Falling of womb from weakened supports.

Dropsy from heart disease.

As a tonic after Flooding.

Varicose veins, in connection with proper bandaging.

Sodium Phosphate.

"Through the presence of Sodium Phosphate, lactic acid is decomposed into carbonic acid and water. The Sodium Phosphate fixes or absorbs the carbonic acid and carries it to the lungs. Therefore, it is the remedy for those diseases which arise from an excess of lactic acid."—*Schussler.*

Specific Indications:—Acidity; vomiting of sour fluids; greenish diarrhœa; yellow coating on tongue.

The indications for this remedy are very clear, and given the indications, the remedy is a very valuable one.

Gastric troubles with acidity.

Indigestion, with peculiar coating on the tongue.

Headache. Pain on top of the head, and a feeling of great pressure there; sour vomiting.

Worms, with stomach-ache.

Sores, with yellow discharge.

Sterility, with acid, vaginal secretions.

Ulceration of stomach. Pain, continually in one spot, vomiting of sour fluids, and dark coffee-ground vomit. In a very unpromising case of this disease this remedy carried my patient through to life after the case had been pronounced hopeless, and was thought to be dying.

Children who grind their teeth during sleep, with symptoms of acidity.

Perspiration, very acid.

Catarrh of throat, tonsils and throat covered with a golden-yellow coating, with acid condition of stomach.

Sodium Sulphate.

"The use of Sodium Sulphate is indicated in the following conditions of disease. Gastric bilious conditions, vomiting of bile, watery bilious diarrhœa, bitter taste, bilious, and intermittent fever, with retching and ejection of bile, œdematons inflammation of the skin, diabetes, smooth erysipelas, lithic acid diathesis, gout, gravel, etc."—*Schussler.*

The above text from Schussler I have quoted in full, thinking I could give no better picture of the indications calling for the use of this remedy.

Tongue. A dirty, greenish-gray, or greenish-brown coating at the root of the tongue is a prominent indication for Sodium Sulphate.

Dropsy. A watery invasion of the areolar tissues of the body.

Gout, either acute or chronic, fer. phos. will often be called for as an alternate.

Headache, with giddiness and sick feeling, and same peculiar tongue.

Jaundice: sallow skin, and yellow conjunctiva.

Gravel in gouty subjects.

Mouth slimy, with bitter taste.

Bilious remittent fever.

Vesicular eruptions on the skin, containing yellow, watery secretion.

Diabetes. To those who freely use the tissue remedies, Sodium Sulphate is considered one of the first remedies. I have not used it in diabetes, but from reports coming to me it ought to be good.

Morning sickness, with bitter taste.

Brick dust deposit in the urine.

Potassium Sulphate.

"Potassium Sulphate is the functional remedy for the epidermis and epithelial membranes, and the conjunctiva." *Schussler.*

Specific Indications. Where we have peeling off of the epidermis, trouble from sudden recession of eruptions, yellow, slimy, thin discharges from any of the mucous surfaces.

Yellow, slimy deposit on tongue.

Bronchitis and catarrhal conditions where we have profuse yellow mucous discharge.

Catarrh of stomach, where we have the characteristic tongue. Patient is generally worse at night.

Diarrhoea. Yellow, watery stools.

Dryness of skin from suppressed skin diseases.

Eczema and other skin affections, when suddenly suppressed; if there are eruptions there may be a discharge of yellow or greenish watery matter.

Dyspepsia. Loss of appetite, decided tongue conditions calling for this remedy.

Dandruff. Said to be a good remedy for this disease, used internally and locally, especially where the scales are a yellowish white, and Sodium Chloride fails to help.

Epithelioma near mucous surfaces, with yellow serous and mattery secretions.

Eye troubles. With discharge of yellow mattery, slimy secretion.

Piles, when we have the characteristic tongue.

Calcium Sulphate.

"Calcium Sulphate stands in close relation to suppurations. It cures mattery discharges from the mucous membranes, and mattery exudations in serous sacs, as well as tubercular ulcers or abscesses of the intestines, and ulcers of the cornea, etc." *Schussler.*

Specific Indications. All diseases wherever situated on the surface of the body, or in any of the mucous surfaces; or abscess cavities where the discharge of pus keeps up too long.

Abscess. This remedy will certainly shorten the suppurating process. We may have to use silicea as an alternate remedy.

Carbuncles, very good in the suppurative stage; after using silicea.

Consumption. Where we have pus in the sputa, and evidence of pus in the lungs.

Cough, with expectoration of pus.

Gangrene of the lungs. Kali. phos. as alternate.

Scald head, much mattery discharge.

Dysentery, pus and blood in the stools.

My success with this remedy has been very encouraging, and yet, I must say, in heavy discharges in ulceration, gonorrhoea, etc., I have used largely pure Sulphide of Calcium, going so far as to saturate the system.

Silica (Silicea).

"Silica is a component part of the connective tissue, the epidermis, and the nails. Silica, like calcium sulphate is connected with suppurating wounds, the difference between the two remedies being; that Silica, by promoting suppuration, or the formation of pus, brings an abscess to maturity, whilst calcium sulphate heals suppurating wounds by checking the suppuration and promoting healthy granulations." Schussler.

Specific Indications. Abscesses with much hardness and infiltration, with inflammation. Fistulous tracts anywhere, with much hardness and deep-seated ulceration and induration.

This remedy may not be as often called for as some others, but it is a very important remedy in its own sphere.

Abscesses, where pus is formed but is not discharged, and there is much hardness and swelling.

Cervical glands, hard, swollen, suppurating.

Boils. So-called "blind boils," much induration but no pus.

Mastitis, with much swelling and hardness. Give both before and after suppuration.

Ozoena. With very foetid discharge. The periosteum is affected, and there are points of ulceration, either in sight or concealed.

Stye on the eyelid; hard, very slow in maturing. Here it can be used internally and as lotion.

Hip-joint disease. The trouble is deep-seated, there is much hardness, and the trouble is chronic.

Now in concluding my remarks on the tissue remedies, let me say: Where I have written one line I could have written a number, but my aim has been to give a few well-tried indications for each remedy, that those not familiar with them may test them in practice. I am aware that to many there will be little that is new in these pages; but let me say, these indications have been tested in my own practice and that of my friends, and they have been found satisfactory. Some one will say, "Why not confine yourself to these remedies?" For me, at present this will not do. The list is too short. In diseases of children, especially, I have found them very satisfactory. Yet, I trust never to go back on my old friends, that served me so well, long before I ever heard of Schussler.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

O. S. Laws, M.D., Los Angeles, California.

As previously remarked, the grindelias are California plants, but I have not been able to find them. Doubtless they grow in many places down here, as we have an endless variety of mountain and valley climate and soil to accommodate all sorts of plants.

My experience has been chiefly with grindelia robusta, which I use often and with great confidence. The grindelia squarrosa has the reputation of being valuable in liver and spleen troubles.

Grindelia robusta is a remarkable remedy not only in its certainty of action but in its variety of uses. The more I use it the more it grows in my estimation and desire to see the plant growing and prepare some tincture from it.

It is non-toxic and a powerful antiseptic and resembles lobelia in that respect. And as lobelia is not found down here, that I know of, we may as well call it our California substitute for that reliable old remedy. I do not use both in any mixture,

but often put grindelia to work in spasmodic asthma, after lobelia has lost its influence, for a few weeks. The two are similar in value in coughs and chronic bronchitis, and with me they are indispensable helpers in that dangerous malady. They both work well with anemopsis as an alterative. Grindelia is now used as a local remedy for many diseased conditions that nothing else seems to do so well. Dr. Webster reported some cases treated by Dr. Coe, who first introduced it as a local remedy, that were proof of its great value.

From two to four drams of the specific tincture to 4 ounces of water makes a good lotion for foul and non-healing ulcers and some malignant skin diseases. It is probably our best remedy for dermatitis caused by the "poison oak", which is another of our California shrubs, but not ours only but is common to all states that I have been in. It is called the poison ivy by some people. It is also called the three-leaved ivy, which is the only difference between it and the non-toxic vine called the "five-leaved ivy".

Rhus toxicodendron is the botanical name for the poison oak. It is an active poison to some people, but not a dangerous one. I have never heard of a death from it. That it and grindelia are antagonistic is evident as the fire set out on the human cuticle is readily extinguished by grindelia. Hence I would not combine Rhus tox and grindelia in a prescription, nor use both at the same time in treating a case. If rhus tox is most prominently indicated in a given case just give it the right of way till the indications for something else become more prominent then use the two alternately. Grindelia surely would be the antidote for rhus tox poisoning from over dosing. Rhus tox grows as a shrub here on our foothills, and some only a few blocks from my office and I have made a tincture from the leaves thereof, but it never poisons me from handling it. It has been the most prominently indicated and efficient remedy for me in my recent affliction from rheumatism.

In these two plants we have an interesting study. Grindelia is non toxic and yet it overcomes the toxic effects of rhus tox and is a true antiseptic. When man gets up an antiseptic he uses the most deadly poisons such as corrosive sublimate and other forms of mercury. They are contrary to nature and should be avoided as they are not needed when nature or the author thereof has furnished us non toxic antiseptics in abundance, both vegetable and mineral.

I know some other plants that antagonize the effects of others that will be mentioned later in this interesting field of study. Our rhus tox is welcome among us even if it does cause trouble to some people for it is prompt and energetic when indicated. And the most striking indication is a fiery red tongue

with a strawberry tip. From five to ten drops of a good tincture to four ounces of water is the usual strength of a mixture to be used in teaspoonful doses two or three hours apart.

PREMATURE BURIAL.

G. W. Finch, M.D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

This subject is often referred to as a gruesome one, but its gruesomeness should not deter us from performing our duty wherever it may call, for as physicians, as men and women, we are ever interested in the affairs of life.

The question is often asked, "Are people ever buried alive?" From our childhood we have heard stories of this kind and there clings around almost every burying place some story or tradition relating to this subject.

This has been made the theme of romance, as in the weird story of Edgar Allen Poe, in which he pictures Madeline as being dead for many days, and yet living again, standing in the doorway in her rent and stained burial garb. It has been suggested that this was the phantom of a disordered brain, but it is not without the bounds of possibility, for there are historical records shown by tablets and monuments which have been erected in commemoration of similar events in which well known persons have returned to consciousness after their friends have supposed them dead and after they have been prepared for burial they have again taken up the activities of life.

Some have expressed doubt on this matter. A recent writer who has been filling pages of some of the Eastern magazines with queer scientific matter, ridicules the idea that people are ever buried alive and refers to those who have a fear of such an event as "timid souls", but it is preferable to be considered a timid soul rather than a brutal one.

After supposed death the body should not be immediately prepared or hurried away to a last resting place. When a person has expired or is supposed to be dead the body is almost almost exposed to the inclemencies of the weather—if not at once removed from a warm bed to a cold room, the windows and doors are thrown open no difference what the nature of the atmosphere may be.

In this country we have societies for the prevention of cruelty to children, cruelty to animals and many other preventative societies. In England there are societies for the prevention of premature burial. This is proper and should be maintained until positive signs of the extinction of life are present.

As to the disposal of the dead. Many of us recoil at the idea of cremation, but no doubt the time will come when it will be the rule rather than the exception. By cremation the body

readily dissolves into the elemental substances from which it came, while with the present method it often requires ages for the human form to rust away, in the meantime strewing the earth with a decaying mass long remaining a moulding, festering sore exhaling pestilence on every breeze.

As to people returning to consciousness there is well substantiated evidence that after premature burial many have returned to life.

This has occurred on the battle field. Wounded and unconscious men have been hurriedly thrown into trenches, who have afterwards returned to life. The well at Hougomont on the field of Waterloo, on the night after that great contest was filled with three hundred men supposed to be dead, some of whom were not.

In great epidemics the unconscious, but still living, have been carried away with the dead. At Mazatlan, Mexico, in an epidemic of yellow fever so many were dying that it was impossible to give them burial so that the dead were hurried away to the cemetery and thrown upon the ground. Among these was a man who regained consciousness, returned to the town and more than twenty years afterward was living in Encenada, Lower California. I know a lady in this city whom I have known since she was a child who has been considered dead and whose body has been prepared as it would be in a home three different times for burial. While within the past three or four weeks in this city the body of a man was being withheld from burial because the physicians were unable to decide if he was dead or not. This being the second time within four years that his friends believed him dead. Instances of this nature could be repeated without number.

From time to time there appear in the newspapers accounts of premature burial. Usually these accounts relate to some distant or obscure locality, and we glance over them without much thought as to their truth, or set them down as mere sensational reports or exaggerations, having no foundation. It sometimes happens that the doctor is present when death takes place, but in the great majority of cases he is not.

In nearly all parts of the country, in all parts with which I am familiar, it is not customary to call a doctor or any one with authority to inspect the person supposed to die, with the idea of determining their actual condition. This matter is left entirely in the hands of the laity, and after the ordinary signs of life have ceased, the friends and relatives report to the undertaker and he later to the last attending physician, who in turn is asked to fill out the death certificate, which in nearly all cases he does without any personal knowledge of the actual fact further than that he may have attended the patient in a

professional way some hours or days before, and death was not unlooked for.

Within the past year I was called to the house of people whom I had long known, and who were so disconcerted by the sudden death of the husband and father that they wished me to come and direct them what to do. I had made two visits to the man within the past twelve hours, finding that he had been on a protracted debauch; that he had been more or less delirious, and vomiting two or three times he had thrown up large quantities of blood from the stomach; that there was severe cramping of the stomach and intestines, and violent pain which relaxants and opiates would not overcome. In a violent paroxysm he expired, and when I came to view him an hour or two later, there was something indescribable about him. His position in bed and from the fact that his right side remained quite warm for a long time, raised the question in my mind as to whether the man was really dead or not, and I am not fully convinced now that the man was actually dead at that time. On the strength of this doubt I delayed signing the death certificate for nearly twenty-four hours. I cannot free myself from the belief that if proper means of restitution could have been applied immediately after the paroxysm, he could have been restored to life. In the face of the fact that there was no heart sound, that it had seemingly stopped, that there was no pulse, and no perceptible breathing and yet there was an instinctive feeling that the man was not dead.

The following statement illustrates a case that came under my observation while living in the State of Sonora, Mexico. In the evening I had been called to see the six months old child of Manuel Mills, which, according to their story had been sick about twenty-one days. I found it in what seemed to be the last stages of infantile pneumonia. I directed them what to do for it, as far as it was possible to do anything, holding out no hope for its recovery. At six o'clock in the morning I was awakened by the father, who brought me a death certificate which was printed in Spanish and which at his request I filled out and signed. He said the child had died two hours before and that he wanted the certificate at once so that he could have the grave dug and as the burial place in Cananea is in almost solid rock, it had to be blasted out, and as they wished to have the funeral at four o'clock that day, there was no time to be lost. I signed the certificate and heard nothing more until noon, when there was a loud rapping at my door and a woman calling partly in Spanish: "El Doctor, pronto Doctor, My baby is dead! I do not know." Listening a moment to the woman's story of her uncertainty about the child being dead, I started with her in

the hack which she had brought, and as we hurried along the two miles that led to her home we passed in sight of the cemetery, saw the men at work and heard the blasts where they were making the grave for the child.

At an altitude of something over 6000 feet, we often had zero weather upon the mesa, which was only a projecting foot of the Cananea mountains. I remember the chilliness of that morning, the ground being covered with snow.

Arriving at the home we entered a darkened room where there was no fire, the windows and doors were partly opened, the room was dimly lighted by two or three candles, which were still burning on the table where the child had been "laid out" for six or seven hours. It seems that when the babe was supposed to be dead they had placed it in a scant burial dress on the table, while around and about it were hung bright clothes and ribbons, making a kind of canopy over it, and at each corner was a lighted candle. Passing into another room I saw lying on the lap of a Mexican woman, what appeared to be the form of a lifeless babe. When I took its hands there was no feeling of warmth, no pulse, no heart sound. Still there was an instinctive feeling that a spark of life yet remained for there seemed to be a tinge of color not belonging to the dead.

I directed that the child be placed in warm water and put in its mouth one drop of nux vomica, which was repeated again in five minutes. It suddenly gave a shuddering movement of the body, then a scream, followed by feeble plaintive crying for some moments. Then I directed the mother to place it to the breast and to the surprise of all it nursed with a strength unknown to it for some days before.

Their child had been in an unconscious state and was seemingly dead for at least eight hours. Had it continued four hours longer in that condition there is every reason to believe it would have been buried alive.

The title of this article has many a time been raised in the minds of the relatives of the departed. Often have I heard it repeated, Was he or she dead? My own experience makes me believe that many pople are actually buried alive, and thoughts along this line have raised the question in my mind, How shall we formulate a more definite rule for determining when death has actually occurred?

Such crude means as the use of the mirror have long been in use. Decomposition is the only positive sign we know. No applianee nor instrument of precision has as yet been invented that will tell us when life has ceased in the body. Science has not told us, that science which measures the farthest star and even attempts to weigh the human Soul, knows not the line between life and death.

ANOTHER TRIP TO ARIZONA.

J. A. Munk, M. D., Los Angeles, California.

When one feels the lure of the desert the only thing to do is to pack up and go. It was for this reason that I hit the trail again and hiked off to Arizona. My brother, Judge Munk, accompanied me and we went straight through, on the Southern Pacific railroad, to our cattle ranch near Willcox. The freedom of the ranch and untrammeled life on the range, was a welcome change from the routine of business and crowded city streets. In the large open spaces of the desert there is plenty of elbow room and an abundance of fresh air, that makes life really worth living. A fitting climax to an active day of riding or driving over the range, is to gather at the ranch house in the evening to enjoy the open fire of blazing logs on the wide hearth, as preliminary to a night of sound and refreshing sleep. We found conditions on the ranch about the average, although the grass was short and the cattle thin; but during the winter season these things are to be expected. It is often a puzzle to the uninitiated how the cattle live and thrive on so little feed, which makes it seem as if they must live on air. The vegetation of the arid region is scant but very nutritious. Especially is this true of the gramma grass, which is almost pure nutriment and nearly as fattening as grain.

The clear sky, bright sunshine and balmy air of Arizona were an agreeable change from the damp fogs and clouds of the Coast. People sometimes rave over the climate of Southern California in winter, and it is fine, too, and a great improvement over any eastern winter weather, but the winter climate of Southern Arizona beats it. During the summer it is different. Then the heat is intense; and, although it does not cause sickness, it becomes monotonous and a flight to the mountains or seashore is desirable. But by joining an Arizona winter to a California summer a combination of weather is found that is hard to beat. Any one who is able to make this change is fortunate and to be envied.

The difference in the effects of coast and desert climate upon the health is again remarked and noticed in more ways than one. In the cool, damp atmosphere of the Coast acids and acid fruits are the bane of digestion, and can only be indulged in sparingly with safety; but on the dry, hot desert, fruits can be eaten freely without harm. I eat more oranges in Arizona in one day than I do in California in a year. There is also a marked difference in the quality of the air in regard to taking cold. On the Coast all air draughts must be avoided to prevent taking a cold, while in Arizona no such precaution is necessary.

Breathing the pure dry air of Arizona is as pleasant as sipping champagne and much more invigorating. It is exhilarating without causing over stimulation and is health giving to a degree. In the clear atmosphere distances become deceptive and objects are much farther away than they seem. Color sometimes aids here in estimating distance. The near by mountains show their natural colors of green, gray or brown, the farther mountains all look blue, while the remote mountains are nearly lost in a thick veil of purple haze. The mountains are an impressive sight and represent the strength, silence and patience of the universe. They are ever steadfast, always quiet, and wait uncomplainingly on the slow action of the leveling forces of nature.

The still quiet of the desert is in strange contrast to the noises of a city. You can travel many miles on the desert without meeting a single fellow creature and but very little of any kind of animate life. What wild life there is, however, is of great interest. Every insect, bird and animal has its own life history that is an interesting study. The vegetation is likewise peculiar. It is all strange and entirely different from what is found in the rain belt of the east. The plants that live on the desert have to grow without much rain. Some of the animals live entirely without water. A noted naturalist recently suggested that they must obtain enough water from the dew to supply their wants—but there is no dew in Arizona. He evidently misjudged the case and was not altogether familiar with desert conditions. Much of the desert yet remains in its primitive state and has not been spoiled by the hand of man. Outside of a few towns the only evidence of civilization that is seen is an occasional cloud of black smoke from a passing locomotive which pollutes the air and disfigures the landscape. No wonder that the Indian, when he first saw a train of cars creeping along in the distance, believed that a new enemy in the form of a horrible monster was on his trail and ready to consume him with its fiery breath. Such a conception was perfectly natural to his untutored mind and was not far from the truth as he is both figuratively and literally being crowded off the earth by our advancing civilization and, like the buffalo, is destined eventually to become exterminated.

Arizona is a great treasure house of natural wealth and contributes something to about every branch of natural science. She has not had a fair chance to show what she can do, but is rapidly coming into her own. Her mountains are full of mineral, her plains afford good grazing for numerous herds of cattle, and in agricultural development she is moving forward with giant strides. Arizona now leads in the production of copper and is well toward the front in gold, silver and precious stones. Farm-

ing under natural conditions is not a success because of the lack of water, but where irrigation is practiced the soil produces all kinds of crops. With the completion of the Roosevelt and Laguna dams on the Salt and Colorado rivers, which will supply an almost unlimited supply of water for irrigation, agriculture will be vastly benefited. This work is in charge of the Government Reclamation Service and is being pushed with great vigor.

There is an active land boom on at Willcox in the Sulphur Spring valley at the present time. The land is about all homesteaded by settlers and has been located from Hookers Ranch to White River, a distance of fifty miles. It is proposed to obtain water for irrigation by pumping from wells as there is plenty of good water underground at a shallow depth. Where water cannot be found experiments will be made in dry farming.

On my return trip I stopped in Tucson, Phoenix and Tempe and saw abundant signs of prosperity on every hand. Tucson, long known as the "Honorable and Ancient Pueblo," has changed completely and been made over into a modern city. The town is a landmark in America and one of the three oldest cities in the United States. Its location is strikingly picturesque, being surrounded by mountains that give it a splendid setting. The old San Xavier del Bac church, nine miles south of the city, is an interesting spot that sees many visitors every year. It was built by the Franciscan Fathers in 1700, has been continuously occupied since then and is the finest old mission building on the Pacific Coast.

The University is located here and is a growing institution of much merit. It has a group of fine buildings, a complete equipment and an efficient corps of teachers. Not only do the young men and women of the Territory attend, but it also receives students from abroad. The Desert Botanical Laboratory, located near the city, occupies an independent field in research work by making a study of plant life under desert conditions. It promises to be of great practical benefit, by solving problems of agriculture in the arid region. The laboratory is a Carnegie institution and is in charge of Dr. D. T. Mac Dougal.

Professor William P. Blake is a pioneer of Arizona who spends his summers in New England and his winters in Arizona. He came to the Territory in 1853 and had charge of the geological survey which was made by the Government for a railroad on the thirty-second parallel route and his report fills volume five of the Pacific Railroad Reports, which consist of thirteen large quarto volumes. He is a frequent contributor to the scientific press and has more than a national reputation. He is 83 years old, but very active for his years. When I saw him he had just returned home from a professional trip to the

new mining district of Bouse, Arizona, where he was called to expert a mine. In reply to a remark made about working, he said, "Why shouldn't I work if I feel like it?" which answer was conclusive.

Phoenix is the capital and is nearly in the center of the Territory. It is in the famous Salt River Valley, which contains the largest body of agricultural land in the state. Coming in off the desert to this incomparable oasis for the first time gives a thrill that is new to most people. The early completion of the great Roosevelt dam has infused new life into every line of business and makes the future of Phoenix and the Salt River valley secure.

Col. J. H. McClintock has been a resident of Phoenix almost from its beginning and during the past thirty years he has been actively engaged in helping to build a new state. Besides his other work he is an accomplished writer and has told in books, magazines and newspaper articles all about the Arizona country. He has been the Arizona correspondent of the Los Angeles Times for many years and his letters describe all of the important events from all over the Territory. His correspondence has recently been collected and fills several large scrap books, which will be preserved as valuable data for the future historian.

Something like fifteen years ago Dr. R. E. Kunze practiced medicine in New York city and was a frequent contributor to the Eclectic Medical journals. His articles were always interesting and attracted much attention because of their practical and scientific value. After a time his articles ceased to appear and he was no longer heard from. Last summer an article appeared in the American Medical Journal, written by Dr. Alexander Wilder, that told something about his work and stated that he lived on a cactus farm near Phoenix, Arizona. This item of news attracted my attention and I promised myself that I would look him up the first time I was in Arizona. I readily found his place and himself at home busy at work in his garden. By inheritance he is a horticulturist, like his father and grandfather before him, but in a broader sense is a naturalist. His specialty is botany and his fad is cacti. He left New York because of poor health, which he entirely regained in the pure, dry air of Arizona. Here is also the home of the cactus and thus he found himself right in the midst of his favorite plants. He has explored the desert in all directions and found three new varieties of cactus that were named for him. He grows rare specimens of this unique plant and sells them to the botanical gardens of Europe. At 71 years of age he is well and active and enjoys the quiet life on his cactus farm. My attention was called to a small wild plant that was growing in

his garden that is known locally by the name of golondrina (Euphorbia Albomarginata). It is regarded as a sure cure for snake bite and is used both internally and externally. Dr. Kunze has used it and knows personally of three cases that it cured. May it not be the herb that is used by the Moquis in making their secret snake medicine?

Eclectic doctors are not numerous in Arizona. Two live in Phoenix and both do good business. Dr. R. M. Tafel is a Bennett graduate and Dr. E. C. Bond has his diploma from the California Medical College. They have a hospital in the city and conduct a sanatorium that is located out of town. Arizona has plenty of room for more good Eclectics.

I spent one day in Tempe and during my stay was the guest of Professor J. H. Hall at the Normal school. The country about Tempe is a prosperous farming community and thrift is seen on every hand. I was driven out to the experiment farm where the date trees grow. The largest of these trees are only eight years old but bear quantities of fruit. I had the pleasure of tasting some of the ripe fruit plucked directly from the tree and it certainly was delicious. Date trees will grow in strong alkali ground, and indeed thrive best in such soil. What they want is plenty of water at the root and a hot sun on the crown.

TREATMENT OF PUERPERAL ECLAMPSIA.

Dr. P. F. Bullington, Chico, California.

The treatment of Eclampsia will be considered under two divisions, viz.: preventive, and active treatment at the time of convulsions. The preventive treatment consists largely of correct living, taking a reasonable amount of exercise in the open, eating wholesome and nutritious food, drinking plenty of good water, wearing clothing that is suspended from the shoulders and not constricting the waist, reading good literature and preventing mental worry, taking eight hours of sleep out of the twenty-four, keeping the skin in a healthy condition by taking tepid baths at least twice a week, and in short hygienic living which need not be given in detail as the profession understands what that means. If this be done the body elimination will be kept up to par, the digestive tract kept clean, and the nervous system in a normal state. Elimination is of the greatest importance and upon this more than any other function will depend the weal or woe of the patient.

After the sixth month the urine of every pregnant woman should be analyzed at least every two weeks, and a sharp lookout kept that the excretion of urea does not fall below the normal, which, according to Morse is 35 grams in 24 hours. In a patient with constipation, inactive liver, tongue broad and

coated white, look out for retention of urea. In such cases often you will find less than one per cent. of urea is being voided and the patient suffers from the effects of its retention.

The excretion of albumen in large quantities in the urine is another sign of approaching danger and in such cases systemic treatment should be instituted and kept up until after the delivery.

In cases where the urea is being retained give drugs that will increase the solids of the urine such as: Buchu, Chimaphilla, Juniper, Lithium or Caffeine, as may be indicated.

In cases of albuminuria give, Apocynum, Rhus Aromatica, Stigmata, Gelsemium, or Lycopus, according to indications calling for the remedy.

If the urine be alkaline in reaction give Jaborandi or Benzoic Acid, and in all probability you will save your patient an eclamptic seizure at the time of delivery.

This brings us up to the treatment of an active puerperal convulsion, and I mean by this an epileptiform seizure, for the description of which I refer the reader to any good up-to-date work on obstetrics.

We have studied the etiology and pathology of this disease and now we are brought face to face with one of the most horrifying scenes the practitioner is called upon to witness, which once seen is never to be forgotten.

As we have no specific for this malady each case will have to be considered as a law unto itself.

If labor is actually on, have an assistant administer an anaesthetic, chloroform, perhaps, as it acts quicker, and deliver as quickly as possible, when in most cases the convulsions cease.

If the os is not dilated, and the patient is at full term, dilate according to the Harris method sufficient to apply the forceps and deliver,—strict antisepsis is to be observed in delivery and after treatment.

The anesthetic will overcome the tonic spasm, but does not remove the cause, therefore is not curative.

Veratrum Viride is the nearest approach to a specific of any of the drugs today in the writer's opinion. Twenty drops of the specific medicine administered hypodermically, will, in a few minutes bring down the pulse to sixty beats a minute in most cases. The action of the remedy is due to its alkaloids affecting the vasomotor centers, thereby causing a dilation of the arteries whereby the blood pressure is lowered and the pulse rate is brought down.

It is my own opinion veratrum acts as an antitoxine overcoming the toxemia that has been, and is now so rapidly accumulating in the system. It also stimulates the secretions from

the skin, kidneys and mucous membranes, thereby acting as an eliminative and overcoming congestion.

Owing to the rapid elimination it sets up, the dose will have to be repeated often, from ten minutes to half an hour, depending upon the symptoms of depression, but as these are mostly sthenic cases large amounts of the drug are consumed without any serious effects upon the system.

After the initial dose, ten drops every half hour will prevent a return of the convulsion, and this dose will be lessened and the time lengthened according to condition of patient and discretion of the attending physician.

Veratrum viride thus administered, and its action on the system carefully watched, is safe and reliable, though a good preparation of the drug must be used to obtain satisfactory results.

In cases where the urine contains much albumin Jaborandi through its action upon the skin relieves the kidneys, eliminates the toxines and lowers the temperature, hence in eclampsia accompanied by fever this is a safe and reliable remedy.

Its action upon the circulation is wholesome in these cases as it relieves irritability and tends to establish a normal equilibrium in the circulation, thereby relieving the brain pressure so marked in most cases.

Jaborandi is a powerful eliminant and should be thought of in such cases.

Give ten to twenty drops of the specific medicine every thirty minutes, or give the alkaloid pilocarpine 1-100 grain, hypodermically every thirty minutes until the full effect is obtained or the crisis is passed.

Specific Gelsemium in doses of ten to twenty drops hypodermically will overcome the convulsions especially where there is maniacal delirium with flushed face and contracted pupils.

Morphine sulphate in one-half grain doses, chloral hydrate, 3-dram doses, and the hot bath, which is impractical in most cases, has been recommended, but it is not the writer's purpose to criticise any treatment, but to give that which he has found to be successful.

In cases recovering from the convulsions and where puerperal insanity follows, specific Macrotys, 2 drams to 4 drams water, given a teaspoonful every three hours, will clear up the trouble in a few weeks, if anything will.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

MEDICAL LEGISLATION.

For the past several months the Committee on Medical Legislation of our State Society has been closely occupied with its work. A great many friendly suggestions have been received and carefully weighed, and the views of those otherwise inclined have not been neglected. As a result of their deliberations they have endorsed Assembly Bill No. 939 and strongly urge upon every Eclectic to give it his enthusiastic support. The bill is not a radical one—in fact it appeals to the good sense of our legislators—and will be enacted into a law if those whose welfare is at stake will do some earnest work in its behalf.

The wish of the committee is that every man will get into communication at once with his respective assemblyman and senator and personally explain to him why we wish this bill to become a law. It is this face to face work that brings results.

We regret that the space at our disposal does not permit us to publish this bill in full, but it can be had from your legislator with little delay. In the meantime the following excerpts will indicate some of the ways wherein there is an appreciable change from the present law. While we do not approve of all the provisions of this bill we are firmly convinced that it is a great improvement over the law now in force. It is equally fair for those now practicing in this

state and for those who desire to do so. It will make unlawful practice more hazardous and tend to eliminate the fakir. It details the preliminary and graduation requirements of the student so plainly that the Medical Colleges cannot err. The people and the profession both need this law.

Our committee has been personally represented at Sacramento by its chairman, Dr. L. A. Perce; and others have made sacrifice of time and money, also. The question now is, What will you do?

SECTION 1. The governor shall appoint a board of medical examiners to be known as the board of medical examiners of the State of California, consisting of eleven members, such appointments shall be made as follows:

Five members from the school or system commonly known and designated as the regular or allopathic, two members from the homeopathic school or system, and two members from the eclectic school or system and two members from the osteopathic school or system. Said members of the medical profession at the time of such appointment shall have been residents of the State of California and citizens of the United States and practicing the principles of medicine in accordance with the system or school from which they are appointed for at least five years next preceding their appointment, all vacancies shall be filled by appointment from the school or system in which such vacancy occurs.

The term of office of each member shall be for four years or until their successors are duly appointed and qualified. It shall require the affirmative vote of six members of said board to carry any motion, resolution, adopt any rule, pass any measure, or to authorize the issuance of any certificate as in this act provided.

(The present law provides that the appointments be made on the recommendation of the several state societies and that each member serve two years).

SEC. 3. The treasurer shall receive all money from the secretary and deposit the same as a special fund with the treasurer of the State of California subject to the order of this board to be paid out only by warrant drawn on the treasurer of the State of California, signed by the president or vice-president and secretary and countersigned by the treasurer of the board.

SEC. 4. Said board shall hold its regular meetings in the city and county of San Francisco, on the first Tuesday of April, August, and December of each year and shall have power to adjourn from time to time until its business shall have been concluded.

Special meetings of the board may be held at such time and place as may be designated by the board and the same notice thereof shall be given as herein required to be given in the case of regular meetings.

SEC. 5. It shall be the duty of the state board of examiners of the State of California to audit the accounts of said board and transmit a copy of his report to the governor of the state on or before the first day of January each year.

(The present law does not provide for any system of checking.)

SEC. 8. *Preliminary Education.* All colleges, schools or universities teaching medicine or any of the branches thereof in this state shall require every medical student applying for matriculation therein on and after July 1st, 1909, to present to the dean, president, or board of trustees, or other governing body of such college, school or university, a "Medical Student's Certificate," which certificate shall be issued to said matriculant by the superintendent of public instruction of the State of California or by any one of the duly appointed deputy superintendents of public instruction of the State of California, and the superintendent of public insruction or any of the deputies thereof are hereby empowered and directed to examine all applicants for "Medical Student Certificates" upon the receipt of a fee of five (5) dollars to be paid at the time the application is filed.

(The present law apparently allows the appointment of examiners by and for the Board.)

SEC. 9. *Medical Education.* On and after July 1st, 1909, every medical college, school or medical department of any university, (1) shall exact not less than the requirements for matriculation specified in the preceding section hereof, (2) shall literally observe its own published requirements regarding tuition, time of attendance at annual sessions and graduations which must be definitely expressed not in conflict with this act, (3) shall have an active and competent faculty for teaching the science and art of medicine in accordance with the system to which the college, school or university belongs and whose curriculum in no particular shall be less in each year than that set forth in the following table.

Histology, 90 hours; embryology, 90 hours; osteology, 30 hours; anatomy, 420 hours; physiology, 300 hours; chemistry and toxicology, 300 hours; materia medica, 60 hours; pharmacology, 60 hours; therapeutics, 90 hours; bacteriology, 140 hours; pathology, 240 hours; medical zoology, post mortem work and clinical microscopy, 90 hours; physical diagnosis, 100 hours; practice of medicine, 540 hours; surgery, 540 hours; obstetrics,

160 hours; gynecology, 160 hours; pediatrics, 100 hours; eye and ear, 60 hours; nose and throat, 60 hours, mental and nervous diseases, 120 hours; medical jurisprudence, 30 hours; electro-therapeutics, 60 hours; genito-urinary diseases, 60 hours; dermatology and syphilis, 40 hours; hygiene and public health, 30 hours; and dietetics, 30 hours.

(The present law provides that these requirements shall be fixed at the discretion of the Association of American Medical Colleges.)

SEC. 10. In addition to the requirements hereinbefore set forth in this act, all applicants for certificate must be personally examined by said board as to their qualifications to practice medicine, surgery and obstetrics or osteopathy or any other system or mode of treating the sick and afflicted human beings.

The examination shall be practical and designed to discover the applicant's fitness to practice medicine, surgery and obstetrics, or osteopathy or any other system or mode which the applicant shall specify in his application that he desires or intend to follow.

Said examination shall be conducted in the English language and shall be in whole or part, in writing on the following fundamental subjects: (1) anatomy, including histology; (2) physiology, including embryology; (3) materia medica, therapeutics and pharmacology; (4) chemistry, toxicology and medical jurisdiction; (5) hygiene and public health; (6) bacteriology, bathology and clinical microscopy; (7) obstetrics and gynecology; (8) priniciples and practice of medicine; (9) principles and practices of surgery, (10) mental and nervous diseases.

Those applicants who desire or intend to practice osteopathy or any other system or mode of treating sick and afflicted human beings may be excused from the examinations in medicine and surgery, and those applicants who desire or intend to practice homeopathy or eclectic medicine may be examined on the subjects of materia medica and principles and practice of medicine by the members of the board who are graduates of the same school or system.

Examinations in each subject shall consist of ten questions, answers to which shall be marked on the paper at the time giving the value of each answer separately on the scale of zero to ten.

Each applicant must obtain not less than a general average of seventy-five per cent, all questions shall be prepared by the examiner and submitted to the board for approval before examinations.

All of the examination papers shall form a part of the records of the board and shall be kept on file by the secretary for a period of two years after each examination.

At all of said examinations the applicants shall be designated and known by numbers only, and the name attached to the number shall be kept secret until the board shall have finally voted upon and either granted, conditioned or rejected said applicant.

The secretary of the board shall in no instance be present or participate as an examiner in any examiation held by the board, and it shall be good cause for removal by the governor, if it shall be shown that such secretary shall give the number and name of any applicant to any member of the board or any other person or allow the same to be placed in such a place or position that any member of the board or any other person can or would be able to obtain the same, until such application shall have been finally voted upon.

(The present law provides for examination on the following fundamental subjects:

Anatomy, histology, chemistry, pathology, bacteriology, hygiene, obstetrics, gynecology, physical diagnosis, and physiology.

It will be noticed that histology is combined with anatomy, and pathology with baeteriology also that practice, materia medica and surgery are no longer ignored; that a general average of 75% passes regardless of a low marking in some branches; and that the incognito of the applicant is more carefully guarded.)

SEC. 16. Said board shall have the power to employ legal counsel and clerical assistance and to fix the salaries of the same and to incur such other expenses as may be deemed necessary to carry into effect the provisions of this act. It shall also fix the salary of the secretary not to exceed the sum of fifteen hundred dollars ($1500) per annum, and the sum to be paid to other members of said board not to exceed ten ($10.) dollars per diem each, for each and every day of actual service in the discharge of official duties; and said board may, in its discretion, add to said sums necessary traveling expenses.

SEC 17. The said board shall on or before the first day of January in each year cause to be prepared, printed and published and sell for such sum as they may deem proper, not exceeding two dollars, a correct register and directory of the names in alphabetical order of all persons duly licensed in this state.

(The present law does not provide for an official register.)

SEC. 18. Any person or number of persons who shall practice or attempt to practice, or advertise or hold himself out

as practicing medicine, surgery or obstetics, or medicine, surgery and obstetrics, or osteopathy, or any other system or mode of treating sick or afflicted human beings in this state, or any person or number of persons, members or stockholders or any corporation, copartnership, or association, using the term or terms of Dr., or Doctor, or Dr. ..... & Co., or Doctor ..... and Company, or the Dr. or Doctor..... Co., or M.D., or any other word, term of words, that would tend to lead any person of ordinary understanding to believe that such person or persons, corporation, copartnership, or association would, does, did or could treat sick or afflicted human beings in this state, without each, every, and all of such persons having at the time of so doing a valid, unrevoked certificate as provided in this act, shall be guilty of misdemeanor, and upon conviction thereof shall be punished by a fine of not less than one hundred (100) dollars, nor more than five hundred (500) dollars, or by imprisonment for a term of not less than sixty (60) days, nor more than one hundred and eighty (180) days, or by both such fine and imprisonment.

SEC. 20. If any person holding a valid, unrevoked, certificate as in this act provided shall use the name of any other person whether real or imaginary as the person who is maintaining an office where sick or afflicted human beings can be treated; or takes employment from a person maintaining such an office, in this state; or allows such persons to use or have in such office his certificate issued as in this act provided or of any of the preceding medical acts; or shall maintain an office for consultation in conjunction and connected with such an office, or be financially interested in such an office, he or she shall be guilty of a misdemeanor, and in addition to the penalty therefor, upon conviction thereof, shall forfeit the right to practice his profession as in his certificate provided and his said certificate shall be delivered to the court having jurisdiction of such person, and the judge of such court shall write the words, "Revoked," across the face of such certificate, sign his name, title and date, and deliver the same to the secretary of said board, who shall file the same in the office of said board.

(Under the present law persons without a license apparently practice with impunity.)

SEC. 23. Any person who holds a certificate from the board of medical examiners created by "An act for the regulation of the practice of medicine and surgery in the State of California, and for the appointment of a board of medical examiners in the matter of such regulation" which took effect August the first, nineteen hundred and one, or from one of the boards of examiners heretofore existing, under the provisions of "An

act to regulate the practice of medicine in the State of California," approved April third, eighteen hundred and seventy-six, or an act supplemental and amendatory to said act, which became a law April first, eighteen hundred and seventy-eight, shall be entitled to practice medicine and surgery in this state, the same as if it had been issued under this act.

SEC. 25. Said board may in its discretion accept and register on the payment of a fee of fifty (50) dollars and without an examination of the applicant issue a certificate as in this act provided, to any person holding a license which shall have been issued to him or her by the medical examining board of the District of Columbia or any other state or territory of the United States, *provided however* that the legal requirements of said medical examining boards, the applicant's preliminary and medical educational qualifications shall have been at the time of issuing such license or certificate, in no degree or particular less than those required by the rules of the board and the laws of this state, *provided however* that such applicant shall have been actively engaged in the practice of his profession in the state issuing such license or certificate at least two years immediately previous to him making such application to the board of this state, *provided further* that such state, territory or district will grant to medical licentiates of the State of California equal privileges.

(The present law does not provide for reciprocity.)

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society convened February 2nd, 1909, at the office of Dr. Munk, 819 Security Building.

In the absence of the regular President and Secretary, Dr. J. C. Solomon was elected President pro tem, and Dr. J. Park Dougall, Secretary.

After disposing of some routine business the essay of the evening was called and Dr. G. W. Finch responded with a paper on "Premature Burial."

Doctor Finch has the happy faculty of not running in ruts and also has the breadth to treat comprehensively a variety of interesting subjects, medical and otherwise.

The paper was listened to with great interest, notwithstanding its gruesome character. He treated of the subject in general—the possibility of people being buried alive, and gave a number of instances that came under his own observation to prove the fact. It is certainly to be lamented, that frequently on the death of any one the remains are immediately hurried to the undertaker's, or to the grave, often with unseemly haste and an inadequate time to prove whether the person is really dead.

The paper was discussed by the different members present and the suggestion made that as everything connected with life is now being regulated by law, hasty burial should also be restricted in some manner.

The essayist appointed for the next meeting was Doctor Dougall and for a clinical report Doctor Blanche M. Bolton.

The next meeting will be held in Doctor Solomon's office, 308 Wilcox Building, Tuesday evening March 2nd, 1909.

Dr. J. C. Solomon, Pres.

Dr. J. Park Dougall, Sec'y, pro tem.

BULLETIN FOR MARCH.

The following section officers have been appointed for the meeting in Chicago, June 15-18, 1909. The Local Committee of Arrangements have arranged for the meeting at the Auditorium Hotel, having a private separate room for exhibits and several small committee rooms. The officers would like to have the various members write the section officers and hand in the subjects of their papers. This will greatly facilitate the work. There is a probability that the National will consider the publication of a quarterly journal next year in place of the usual bound volume, which behooves us to have a great number of papers this year, and papers which will show the standing and progress of our school of medicine.

Section No. 1.—Pediatrics. Chr. M. M. Hamlin, 5255 Page Ave., St. Louis, Mo. Sec'y., Ethyl Richardson, 835 Cedar St., Quincy, Ill.

Section 2.—Surgery. Chr. J. D. Robertson, 468 W. Monroe, Chicago, Ill. Sec'y., Claud E. Laws, Ft. Smith, Ark.

Section 3.—Materia Medica. Chr. J. J. Morrill, Otter Pond,, Ky. Sec'y., C. W. Brandenburg, 223 E. 14th, New York, N. Y.

Section 4.—Practice & Pathology. Chr. A. J. Widner, Little Rock, Ark. Sec'y., F. M. Baldwin, Marion, Ind.

Section 5.—Eye, Ear, Nose & Throat. Chr. M. B. Ketchum, Temple Auditorium, Los Angeles, Cal. Sec'y., W. N. Mundy, Forest, Ohio.

Section 6.—Obstetrics. Chr. F. B. Crowell, Lawrence, Mich. Sec'y., Nannie S. Glenn, State College, Pa.

Section 7.—Miscellaneous. Chr. W. N. Ramey, 315 N. 14th, Lincoln, Neb. Sec'y., H. H. Blankmeyer, Honey Grove, Texas.

Section 8.—Gynecology. Chr. L. E. Russell, Groton Bldg., Cincinnati, Ohio. Secy., W. L. Heeve, 302 Sumner Ave., Brooklyn, N.Y.

J. K. Scudder, President.
W. P. Best, Secretary.

NEWS ITEMS.

Dr. P. M. Welbourn has returned from a three weeks' visit in Indiana.

Dr. T. O. Duckworth, Pioche, Nevada, was in the city recently and reports his hospital as flourishing. The doctor is also interested in a mine near his home.

The February meeting of the Los Angeles County Eclectic Medical Society was held with Dr. Munk. The Mareh meeting will be with Dr. Solomon in the Wilcox building at which time Dr. Dougall will read a paper.

Dr. B. E. Fullmer, announces the removal of his residence from 123 W. Pico St., to the corner of Gower street and Santa Monica Ave., Colegrove, and his office from the same address to 257 S. Hill St.

Dr. O. R. Avison, Seoul, Korea, spent one day in the city last month. The doctor was on his way up the coast upon a lecture tour in the interests of missions with which he has been connected for the past sixteen years.

Dr. C. S. Hutchison recently of Chicago has opened an office at 915 Broadway Central Building.

Dr. L. A. Perce, Long Beach, was in Sacramento last month in connection with his duties as chairman of the Committee on Medical Legislation.

Dr. A. Florence Temple has removed from 17 Scoot street, to Mozart Apartments, Flat "E," 3400 Sacramento street, San Francisco.

Modern Eclecticism, edited by Dr. I. N. Stowe, Atlanta, Ga., has been discontinued and the subsription list turned over to the Eclectic Medical Journal, Cincinnati, Otio.

The minutes of the forty-eighth annual session of the Eclectic Medical Society of the State of New York has been received. The meeting was held March 4th and 5th, 1908, in Albany. The minutes are published in pamphlet form and cover twenty-four pages.

Dr. J. A. McKlveen, who has practised in Chariton, Iowa, for nearly forty years, is spending the winter in Southern California.

Dr. N. F. Wetmore, North Freedom, Wisconsin, has come to California to make his home. He is building a house in Boyle Heights, Los Angeles.

The Santa Barbara County Board of Supervisors have elected Dr. J. C. Bainbridge, County Physician and Health Officer at a salary of $2000 per annum. Congratulations.

Eclectic physicians living in the East, who have occasion to send patients to Arizona for a change of climate, should refer them to Drs. Tafel and Bond in Phoenix. They are perfectly familiar with the local weather conditions and can render great assistance to any one needing such information or advice.

Dr. P. C. Clayberg of St. Louis Mo., died February 1st, from Oedema of the brain. He was born October 13th, 1847 on a farm in Fulton Co., Ill. He moved to St. Louis and became identified with the American Medical College in 1890. He was elected Dean of the institution in 1906 and served until 1908 when ill health caused him to resign. Dr. Clayberg was a graduate of the Eclectic Medical Institute of Cincinnati.

Dr. J. E. Minney of Topeka, Kansas, is in Los Angeles on his annual visit. Several years ago, Dr. Minney first came to California for his health and was so much benefitted by the change and found the climate of Southern California so agreeable that he has returned here every year since. He is now well and hearty and does not need to come for health, but just

makes the trip because it is his pleasure to do so. He says that the next time he comes it will be to stay—that is the way they all do.

Dr. and Mrs. J. B. Sands announce the marriage of their daughter Zelma to Mr. Robert N. Ross on February 8, 1909, at Los Angeles, California. At home after March 1st, at 934 W. 6th St.

We were pleased to learn that Mrs. Boskowitz, wife of our esteemed friend Dr. G. W. Boskowitz, New York, has entirely recovered from her siege of typhoid fever.

A NOTED VISITOR AT THE NORMAL SCHOOL.

Dr. J. A. Munk, of Los Angeles, was a welcome visitor at the Normal yesterday. Dr. Munk is known the United States over as the greatest collector of material relating to Arizona that the world knows. He has made it a life work and now has a collection of something over 3000 volumes relating to all subjects on Arizona matters. His collection of books is recognized as a valuable one and he is regarded as authority on anything in which Arizona is concerned. As an instance of what his reputation is, it is related by one of the professors at the normal, that before coming to this territory, he wrote to the congressional library at Washington, for information on the territory. The librarian there referred the teacher to Dr. Munk of Los Angeles.

The gentleman arrived in Tempe Tuesday evening from Phoenix and yesterday morning was shown over the South side. Yesterday afternoon he gave a splendid address to the students that was much enjoyed and appreciated.—*Arizona Republican.*

READING NOTICES.

Battle & Co., St. Louis, Mo., have issued number 8 of Dislocation Chart series. Physicians desiring any back numbers can get same upon request.

In chronic affections of the liver, Chionia is a "jewel." No matter in what type, say in bile insufficiency, congestion, and even in cirrhosis, I have obtained most happy results through its use.—*J. M. McLaughlin, M.D., Mansfield, Ohio.*

Papine in the new 16-oz. bottle—as offered from Jan. 1, 1909, by Battle & Co., Chemists Corporation, St., Louis—shows a saving to the profession of $2 per dozen, as against the price of 2 dozen of the 8-oz. size at $8.50 per dozen and in which latter there will be no change, either as to size or price.

The California Eclectic Medical Journal

Vol. II APRIL, 1909 No. 4

Original Contributions

DELIRIUM TREMENS.

W. B. Church, M.D., Cincinnati, Ohio.

It is plain to be seen that the treatment of disease by the doctors of a time, quite within the memory of man, actually contributed to its fatality. Indeed there is some ground to fear that it may be equally apparent to our posterity, thirty or forty years hence, that present methods of treatment are by no means free from the same tendency. In regard to no condition could the charge be more easily substantiated than by reference to the treatment of delirium tremens. The premonitory symptoms are excessive nervousness and sleeplessness. Indeed, insomnia is a cardinal symptom. The victims are haggard and worn, complaining most of all of inability to sleep. Alcoholic excesses do not always produce tremens. It is the effect of alcohol upon unstable nervous systems, and does not manifest itself until from acute gastritis there is inability to retain and digest food. The delirium is especially distinguished by manifestations of fear. The tremor affects most the hands, arms, lips and tongue. There is double or impaired vision; and this leads to numerous accidents; but the pain sense is apparently lost. The complex of symptoms indicates exhaustion of nerve centers. Formerly it was considered on account of the violence of symptoms, referring mostly to the brain, to demand the most energetic antiphlogistic treatment. Opium and the lancet were the weapons of attack, and were both plied with reckless heroism. Fifty to a hundred ounces of blood were drawn in from three to four days, and at the same time incredible doses of opium were repeated, until the unhappy patient was forced into a state of stupor, which often terminated in death. The inevitable reaction from such deadly methods led to a supporting treatment; beef tea and such other nourishment as could be assimilated, with the substitution of bromides and hydrate of chloral for the opium. While this is a great improvement on the old methods, and gives the patient a chance to survive, it is not apparent that recovery is to any marked extent due to the treatment. There is lacking that immediate response to remedies which forces conviction of real relation or connection. Rather a gradual return to normal as a natural sequence.

For many years the writer has made use of a single remedy, which has given such complete satisfaction in this disease, that he has made several attempts to secure more general adoption of it by the profession. At present he does not know how general its use may be, but he has recently learned that an eminent physician of Hot Springs, Arkansas, has employed it regularly for years, giving digitalis tr. ℥ ss doses.

I have several times in state and national societies called attention to it with no other apparent result than to arouse immediate unfavorable criticism, alleging great rashness, or exaggeration, or both. However, additional experience, each succeeding year, has so confirmed the superiority of the treatment over that in vogue, that I concluded to make another attempt to call the attention of my brother physicians to it; trusting it will receive more consideration when given a place in the Journal than it did when injected into a discussion in the hurry and bustle of a convention. ℞ Specific med. digitalis ℥ii-iii Sig. at a dose, repeat in three hours if necessary.

Very rarely has a second dose been necessary, in fact I do not recall a case that failed inside of an hour to fall into a peaceful and quiet sleep that lasted without intermission several hours.

The patient awakes rational and in all respects convalescent. As usually treated the task of the necessary nurses and attendants is arduous and prolonged for several days and nights. Under the treatment advised, a single attendant will have no occasion to interfere or do more than watch the gradual process by which exhausted nerve force is restored by nature's method of refreshing slumber.

Students in the class room are taught to administer the full dose of ℥iii in severe cases, without hesitation or fear of consequences.

The number of specifics in medicine is very limited. If obliged to name another it would be the one under consideration.

A CASE IN PRACTICE.

R. O. Hoffman, M.D., San Diego, California.

About eleven years ago Mrs. B——— a Scotch lady, then sixty-four years of age was cleaning a gasoline stove when a particle of iron was in some manner broken off and driven with such force that it passed through the upper lid and penetrated the eye-ball through the sclera considerably above and internal to the pupil.

The pain was intense and on removing the hand from the eye considerable blood was found on the fingers. She bathed the eye to remove the blood when a neighbor lady standing by,

asked if she could see. On covering the uninjured eye she found the sight entirely gone. The pain gradually subsided and in a couple of weeks with no treatment except cold water the wound healed and the eye remained normal except loss of sight until ten weeks ago when the conjunctiva became inflamed, the eye painful with photophobia. This continued for about four weeks when it became so bad that medical attention was considered absolutely necessary and I was called in.

Found severe inflammation of entire conjunctiva, opaque lens, extreme tension in ball, intolerance of light and considerable pain, worse at night, sometimes becoming almost unbearable, and so much disturbance in the other eye that I feared for its integrity, so advised enucleation at once. This she absolutely refused to have done and the following treatment was given.

Internally:

Sp. Echinacea ʒ iii.
Sp. Gelsemium gtt xx.
Water qs ʒ iv.

Teaspoonful every two hours during the day. Calcium Sulphide, gr. ¼, three times a day.

Locally.

Non-alcoholic Calendula ʒ ss.
Morphia Sul. gr. ij.
Aqua, qs ʒ ii.

Use in eye every two hours.

Bathe frequently with Boric Acid solution.

She described the pain as feeling like a force pump in the eye trying to pump something out, but with the opening closed up. This continued until about the second week after I had been called when there was a free discharge of light pus coming, as near as she could tell, from the old wound, but it left no opening that I could see and I did not care to use a probe.

This continued, always at night, until the fifth week, when she felt a roughness beneath the upper lip and on pulling it away a solid particle dropped to her cheek, thence to the wash pan, making a noise as if it might have been iron or steel, but her sight was not good enough to locate it.

Before this the pain and discharge had both considerably lessened, and have since entirely disappeared. The inflammation is gone and to all appearance the eye is well again.

During all this time there was no swelling of the lids or surrounding tissues, very little headache and no severe constitutional disturbances. She got but little sleep, yet remained cheerful through it all. She did not fear death, saying if it caused her death it was all right, but she feared an operation

with a fear that was intensified by a *mistake* made immediately before she was injured and which caused her to refuse medical attention at that time.

A young man received an injury to one eye which destroyed the sight and caused so much sympathetic inflammation that it was thought necessary to remove it to save the uninjured one. He consented to the operation, and when under the anesthetic, the operator proceeded to take out the good eye, leaving him totally blind.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

O. S. Laws, M D., Los Angeles, California.

There are yet a few plants indigenous to California that I am familiar with and know to be valuble remedies. The object of these short papers is to call attention to what we have here, so far as my limited knowledge goes, and invite others to add what they can, both as to additional plants or trees and a more extended notice of the value of those I have so briefly mentioned.

On many vacant lots here in the city, we have growing in abundance, every summer, one of the best remedies in our Materia Medica and indispensable in certain diseased conditions. Apocynum is its name. It has a variety of common names; bitter root, Indian hemp, and others. Edema is the most prominent indication for it and usually the single remedy will correct the abnormal condition. In some chronic cases it will work well for a few weeks and then partially lose power. Then I add oxydendron, ʒi of each to ℥iv of water. Still later I may add cactus in equal quantity, or more, as the case demands. But seldom will more be needed than these three even in cases of general dropsy. Apocynum may well take the place of capsella in some menstrual disorders, especially where the menses appear too soon and too much. In the worst case of dropsy I ever was called to treat, the battle was finally won by a combination of Apocynum, oxydendron, cactus and elaterium, in various proportions to keep up the effect and given in large doses. I noticed that if any one of the four was left out, the result was unfavorable. They make a bitter combination, but do splendid work.

Achillea is another familiar plant growing here, and is valuable in many unpleasant disorders of the genito-urinary tract. It is surprising what a large number of remedies of that class we have to select from. We usually confine ourselves to a few well-tried ones that have prominent indications. Probably eryngium and piper Methysticum are considered the most valuable remedies we have in their class, which is large already

and well supplied with good remedies besides these. Yet as a product of Southern California I wish to introduce a new one. It has never been classified but is called by those who use it, the "water mody." It is a shrub growing along all waterways in this part of the state. The leaves and young shoots are used by the people. They make a strong infusion and drink it by the small cupful for all kidney and bladder troubles. My attention was first called to it in San Diego County, as a remedy for Bright's disease. It had cured at least one case after the doctors had given it up as incurable. I make a tincture of the leaves and young shoots in strong alcohol, as it is somewhat resinous, and shows it when mixed in water. As a remedy it seems to combine the good points of eryngium and piper methysticum. So when I am out of one of these I feel safe in using the "water mody." I do not know that it is an "appetizer," as is claimed for piper methysticum, but that is seldom needed here in this appetizing climate.

As it grows in abundance here, I see no use in going away to South America for piper methysticum when we have something "just as good" right here at home. I will try and have a few twigs of this shrub at our annual meeting in May.

Many other plants not yet mentioned are found in some localities, such as plantain and strammonium, and no doubt deserve some notice, but I fear that it would grow monotonous. If an additional paper on this topic should be desired, it will take note of some of the plants, trees and shrubs that have been brought here from other states or countries.

"OSTEOPATHY" WHAT IS It?

W. J. Lawrence, M.D., Los Angeles.

(Read before the Los Angeles County Eclectic Medical Society)

From the standpoint of the average medical man, Osteopathy is regarded as a system of massage, administered by a more or less intelligent masseur, possessing some knowledge of anatomical structure. Pressing the question further, the medical man will admit that he knows very little, if anything, about the system known and practiced as Osteopathy. How can he know if he has neither studied nor investigated the subject? Thus, he sits back in his big chair and looks wise, when he tells his patients (who are suggesting something of an osteopathic nature in the way of treatment), "there is nothing in it, it's only massage, etc.," and after this manner he hides his real ignorance of the subject. But can you blame him for so doing? Yes and no. Yes; because a physician should be big enough and broad enough to investigate and recognize truth wherever found, at all times and under all circumstances. But you remark,

having done that, he would immediately take up the practice himself and apply osteopathic principles in the treatment of his patients. Nay and verily. Can an old dog learn new tricks? It is quite as difficult for an old "Doc" to take up a new science.

Then again, for reasons best known to himself he prefers to administer acetanilid or some other synthetic preparation in cases of migraine or any other case, which expresses itself in the form of pain; be it an impingement of the brachial plexus, producing a neuritis or any other lesion.

"But," says my Homeopathic friend, "you are talking about the Allopaths. We base our treatment upon the 'totality of symptoms;' and the modern Eclectic has a 'specific remedy for a specific condition.' The Osteopath corrects the lesion, and thus removes the cause. Is not this a specific remedy?"

I will admit that there is a system of practice which appeals to the thinking man as more rational and whose adherents have some regard for their patients in dispensing medicine. Athough a few of the number have that intense itching to become "Regulars," it might be difficult, at times, to choose between them. It is within the memory of the writer when "irregulars" in medical practice were not highly esteemed by the "Regular" brethren. Almost coincident with the successful introduction of Osteopathy in the State of California, and the passage of a law regulating the practice, a merger was deemed a necessity if the integrity of the medical profession (regularly so-called), was to be maintained. So the statute of August, 1901, was enacted and lo!—a new compact was formed. The three "schools in medicine" were represented on the state board of medical examiners with the regulars in the majority; but hush, perish the thought, they are all "Regulars" now, or want to be, with few exceptions, possibly.

By the statute, enacted by the California State Legislature, in affect May 1, 1907, the Osteopaths were "regularized" and admitted to the fold. The board of medical examiners of the State of Caifornia, now consists of eleven members; five Allopaths, two Homeopaths, two Eclectics and two Osteopaths, requiring of all applicants an examination in ten fundamental subjects.

Thus things are changed. In the language of Cooper, "Things are a workin.'" That a system of practice, in the application of therapeutic principles without nauseous drug taking, appeals to most people, cannot be gain-said. The success of the newer schools of drug therapy has demonstrated this fact beyond successful contradiction, during the last century, which was the greatest in the history of the world, along

all lines of scientific research and progress, in therapeutics, as well as commercial enterprise.

The average patient when ill wants relief, and to satisfy this craving for relief from pain, we have with us the drug fiend of today, whose first "hypo" was administered or prescribed by some physician, who sought only relief; and now the poor unfortunate has fastened upon him something which is even worse than the pain, and from which he is unable to obtain deliverance, i.e., a drug habit. His nervous system is shattered, his natural resistance has gone and he is a wreck and ruin, casting about for an anchor upon the shores of time.

Therefore, a system of therapeutics embracing the study and application of Anatomy, Physiology, Pathology, Bacteriology, Chemistry, Hygiene, Gynecology, Obstetrics and Dietetics, including a thorough knowledge of Physical Diagnosis and the correction of anatomical lesions, adjustment of organs and tissues, such a system is Osteopathy; and as such it appeals to thinking people of today, and we find among the patrons of Osteopathic physicians, some of the most intelligent and cultured people of the world, men and women of affairs, who believe in the integrity of the body and desire to maintain it as a whole; hence they avoid drugs.

To illustrate: Mr. T., a farmer, while riding on a hay rake, received a hard jolt. When he recovered his equilibrium, found that turning his head from side to side was quite painful and movement was very much limited. Upon examination, a lesion of the atlas was found, which was corrected in one treatment and the patient had no more trouble with his neck.

Another case. Mrs. H., came into the office the same day, suffering with symptoms of Asthenopia and chronic headache, (Migraine if you please). Upon examination of the eyes it was found that she had simple Astigmatism in both eyes. Glasses were prescribed,. gave relief for a time, but the old periodic headache returned. Upon further examination of the cervical region a lesion of the atlas was found. Now, please do not understand that I claim the Astigmatic condition was due to this lesion. I do not claim it, and I contend that nobody with a proper understanding of physiological optics would believe it; but the point I wish to make in these parallel cases is this: Had case No. 2 been corrected at the time immediately following the occurrence of the lesion, this patient might have been saved years of suffering.

POTASSIUM IODIDE.

John Albert Burnett, M.D., Little Rock, Arkansas.

Eelcetic physicians do not use potassium iodide quite as extensively as regular physieians. In many eases the organie alterative remedies are all that are needed, while in others, some inorganie alterative is needed, and if the physieian desires, they can be combined and in some instanees better results obtained than when either one of them is given alone. I admire suitable combinations in most all disease conditions and find almost all physicians use them.

The Eeleetie, Regular and Physio-medieal systems of medicine are not reduced to science, enough to prescribe single remedies exelusively and, I doubt if they ever will be. The Homeopathie physician comes nearer preseribing the single remedy than any other, and many of them alternate and combine remedies in some cases. Homeopathy is the only system of medicine that has a foundation for prescribing the single remedy, and it is the only system of medicine that has a scientifie basis for prescribing drugs in any way. All the other systems prescribe in a guessing way or from the experience of what a remedy has been known to do.

I know this is speaking plainer than many will like to hear, but it is the truth and all know it, whether they will admit it or not. I can admit my part and am not a Homeopath either. The Eclcetie system has borrowed much from the Homeopaths that they have not been given credit for, and when the Regulars make a steal on them of some remedy of botanie origin, they make quite a howl about the matter.

Much of the so-ealled specific indications for aconite, bryonia, etc., of the late Eelecties is all recorded in the earliest of Homeopathie literature.

We need all the different systems of medicine, they are of value to keep eaeh other straight. But all of them should be more liberal and less prejudiced. There is much prejudiee of Eeleetics against several old remedies, sueh as arsenie, mercury and potassium iodide but still most of them use all these remedies. Potassium iodide has a wide range of usefulness, and is our best inorganie alterative, while berberis aquifolium is our best organic alterative. In amblyopia from lead poisoning, potassium iodide is of value.

It has been stated that ten grains of potassium iodide at bed-time at the onset of an acute cold in the head will cut the attaek short, and it is also of value in ehronic eolds. It is generally well known that a large dose of ealeium iodized is of value in colds, and it should be remembered it has little or no

advantage of potassium iodide. If the physician does not wish to give the potassium iodide alone, some appropriate combination can be found in this article.

Potassium iodide is used in actinomycosis. Potter says: "Potassium iodide in full doses of 80 grains daily at first, diminished as its physiological effect is produced is promptly curative, acting probably by augmenting tissue resistance. This drug has cured six human cases in Holland and one in France, also 71 of 185 oxen so treated in Chicago." In fetid bronchitis the following is of value:

℞ Potassium iodide 3i
Acid nitric dil. 3iii
Tinct. belladonna 3i
Acid silicylate 3i
Aqua camphor qs. ad..... ℥iv
Sig. Dose, one dessertspoonful in water four times a day.

The following is important in acne rosacea:

℞ Potassium iodide ..... 40 gr.
Potassium bromide ..... ℥i
Lig. Acd. arsen. 3iss
Tinct. sumbul 3ii
Aqua camphor qs. ad..... ℥xii
Sig. Dose, half an ounce in water after meals.

In cases of dyspnea, the following is of value:

℞ Potassium iodide 3i
Tinct. lobelia 3iv
Syr. sanguinaria ..... ℥i
M. Sig. Dose, one teaspoonful every hour.

In many cases of asthma, the following is of value:

℞ Fld ext. grindelia 3iv
Fld. ext. lobelia 3ii
Fld. ext. belladonna 3i
Potassium iodide 3iii
Glycerine ..... ℥iii
M. Sig. Dose, a dessertspoonful as required.

Again the following can be used in many cases of asthma:

℞ Ext. stramonium ..... gr. ii
Potassium iodide 3iss
Ammonium carbonate 3i
Tinct. lobelia 3iss
Aqua chloroform qs ad..... ℥viii
Ft. mistura .....
Sig. Dose, one tablespoonful every four to six hours.

The following is a valuable anti-syphilitic and scrofula compound:

℞ Fld. ext. corydalis 3iv
Fld. ext. stillingia .....
Fld. ext. alnus .....
Fld. ext. podophyllum aa..... 3i
Fld. ext. kalmia lat..... 3iii
Potassium iodide 3iv
Simple syrup qs ad..... 3xvi

Sig. Dose, one teaspoonful after each meal. The amount can be increased or decreased, as needed to keep the bowels well open. The late Dr. Ball said: "I have absolutely cured dozens of cases of syphilis with the above and it is permanent." If desired, berberis aquifolium can be used in the place of the kalmia.

The above is a valuable compound in many diseases of the liver, such as torpid liver, biliousness, etc. It is of much value in constipation, etc. Various skin diseases can be benefitted by its use, such as eczema, etc. I consider it a very important compound.

SOME LETTERS TO DR. G. W. FINCH.

Within the past few days I have received a long letter from George E. Munson of Adams Center, New York. Mr. Munson was an early friend of myself, having been born in the same village in the extreme northwest of Ohio, and often accompanied me in my rambles through the forests of that section of country lying between the St. Joseph and Tifin rivers, in search of plants and botanical specimens

Mr. Munson does not seem to have forgotten his inclinations, for having heard that I was making a collection of seeds and plants for a medical botanical garden in Southern California, he not only sends a small package of seeds, mostly of the Composite Order, but offers to collect and forward whatever may be desired from the region in which he now lives, which is not far from the Thousand Islands, New York.

A letter accompanied by a series of illustrations was also received from Mrs. Ida Belmar Camp of Caro, Michigan, who is one of the greatest collectors of Cacti in the world. Mrs. Camp began as a child the study, collection and cultivation of this strange order of plants, and is now the possessor of the largest private collection in the United States. Every part of the world in which cactus grows has contributed to her gardens. The total number of varieties has reached more than 7000, while she has many rare and grotesque forms of this strange order.

ECLECTICISM IN MEDICINE.

L. A. Perce, M.D., Long Beach, California.

Much has been written regarding the different views held by members of the medical profession, who are actuated independently, and collectively, by the method of learning governing the particular school or system in which they pursued their studies, and yet all must travel largely the same paths so far as pertains to the grosser studies of the subjects fitting them for the honorable position of dealing with that which most interests them with whom they come in contact, that of caring for one's body. The study of the human living organism must of necessity be universal and similar, even as must the application of surgical methods, for all of these must be based upon the construction of and relation of parts. So no vast difference of opinion can hold regarding the first and active principles of a medical education.

This being true we must look farther for grounds upon which to base our assertion and build our structure of Eclecticism. If all who chose this profession were to be surgeons solely, no sects or isms could flourish, as each one would, or could be influenced and guided only by his or her particular mechanical ability, only differing from the other in their method of doing the same thing, so far as they were able, the end to be accomplished by the same measures. Therefore Eclecticism in medicine must be confined to the firm, clearer studies of drug relation to disease. This is the particular subject to which I desire to call your attention. The study of Materia Medica and Therapeutics of today is represented by the principle of the three divisions of a triangle, yet we will deal only with one, that which we represent. Eclecticism in medicine has done much for the sick and greatly benefitted those who stand in the relation of dispensers of a medium of relief for those who have become afflicted.

There are those who have been led to look upon Eclecticism as an odium, fouling those who have laid their hands upon such a system. Others who have at sometime tasted of the benefits of this system, have grown to feel they were unclean, and must purge themselves of it and have openly disavowed their adherence to such sectionatism and presumed they have cleansed their existence from some blighting curse, and yet the thing does not die. Such are generally found to be lacking from the start in that which goes to make up the firm principle of an Eclectic in medicine. The closer study of drug action, based upon a clear understanding of the manifestations of a diseased condition with the clearest general knowledge of the effect of

such relation must be held to be equally desired by all, and yet this important, fundamental principle is sorely neglected.

The study of drug relation as revealed to us seems to me to be far in advance of many who constantly hold there is no certainty in medicine or that it is not based upon the principles of science. When we so far forget our particular interests in the finer, better application of remedies to some particular part of the human body just so soon do we retrograde. The active living truth of Eclecticism is founded upon our theory of drug action, which is based upon the positive effects of a remedy, not for some particular disease but upon some particular pathological change made manifest by a certain train of symptoms which leads one to readily recognize either a construction wrong or a mechanical error—this being founded upon the basis of a splendid system of impoved method of studying remedial formations. Eclecticism is purely a corrected idea of a direct therapy builded upon a foundation of Materia Medica, which gives to its advocates the security of actual results, when applied with a knowledge of pathological necessities and full understanding of such relations. The success of Eclecticism depends principally upon the therapeutics of medicine and stands firmly fixed as a positive system of drug application and all this is based upon the closest study of drug action.

Any man can find fault with and detect flaws in the fabric of any method of action based upon the teachings of men and present very good arguments why they assume such a position, yet this one will be no benefactor to those he may wish to teach or lead, unless he can point out and establish something better, to which they may give their confidence with the fuller knowledge of facts by which they shall be governed. Many methods in the earlier days sprang into existence to correct the manifest short comings of the medical practice then in vogue, but all were founded upon a change only, which was not based upon a positive knowledge of relation of drug action upon diseased conditions, consequently were of no value and actually worked harm to those who finally brought into existence this firm, clearer conception of Eclecticism. Then men not only saw the unfitness of the older system, and openly proclaimed it to be so, but carefully promulgated and established a system which today stands in the relation of not only giving us a clearer conception of therapeutical application but stands in the honorable position of bringing into a clearer atmosphere of medical knowledge, and a safer relation of drug application, even those who have always held it unprofessional and unclean. You hear many men of medicine shouting in terms of agony of soul that there should be no sects in medicine, even going so far as to be willing that we

should come into their folds, even irregular as we are, to be swallowed, and digested at their discretion. No! The very necessity which called into being the Eclecticism of the past, must of equal necessity require the careful nursing of the Electicism of the present which with the rapid growth that shall still follow in our train will lead up in the magnificent Eclecticism of the future, when all men who care for our sick and afflicted shall be fully influenced by Eclecticism in Medicine.

LOBELIA INFLATA.

W. Leming, M.D., Lexington, Ky.

The original study made by "The Eclectic League for Drug Research" on the drug Lobelia, confirms and suggests the following specific indications for its use:

1. A sense of dyspnoea over the chest and heart.
2. A fullness and atonicity of tissue, doughiness.
3. Spasmodic and congestive conditions, local and general.
4. Cough, with or without glandular secretion, with above indications.
5. Shock to the vital forces; collapse. (hypodermic use.)
6. Toxaemias; diphtheria, membranous croup, tetanus, (hypodermic use.)
7. Nerve excitation; morphinism. (hypodermic use.)

Administered hypodermically, not one report mentions nausea or emesis as a result.

In diphtheria, Dr. G. T. Fuller, Ky., considers it a coming drug, equal to and safer than antitoxin.

Dr. W. P. Best, Indianapolis, reports its hypodermic use in a child three days old (premature) apparently dying; resuscitation and improvement were immediate but death occurred later from inanition. Given hypodermically in a severe case of quinsy, the pain was relieved and the patient asleep in twenty minutes, the first rest in several days. Dr. Ralph Taylor, Ohio, considers it a nerve sedative hypodermically, safe and unproductive of emesis in any dose.

One doctor claims it is valuable in morphinism.

Dr. G. W. Holmes, Fla., gave one dram with Veratrum Vir. night and morning, per rectum, in a child inoculated with tetanus, after chloral, bromides and gelsemium had failed. Improvement was marked in 24 hours with gradual recovery.

Dr. V. A. Baker, Mich., regards it by mouth as a great febrifuge, a panacea, useful in fever complications.

It did no good in a case of collapse after an operation for purulent appendicitis, but no nausea supervened.

It was successfully administered in a case of membranous crop. Injections into inflamed inguinal buboes prevented suppuration in two out of three instances, and limited the pus foens in the third. No nausea or after pain.

The pulse was strengthened and slowed for the time being in a case of tachycardia, effects from its continued use not being determined. Ten drop doses by mouth stimulated labor pains rather than nausea. Dr. J. P. Morrill, Ky., uses one dram to a pint of hot water as a local agent to the perineum in the second stage of labor.

All reports speak of its usefulness in congestive and spasmodic conditions of the heart and lungs, accompanied by pain and unpleasant sensations. Not one bad effect was reported from its use hypodermically. The dose hypodermically ranged from ten to sixty drops; by mouth, one to sixty as indicated.

"AFTER POE—A LONG WAY."

Once upon a midnight dreary
The doctor slumbered weak and weary,
And all the town could hear
Him snore.

While he lay there sweetly napping,
Suddenly there came a tapping,
Like a ram-goat madly rapping,
His hard head upon
The door.

"Get thee up!" a voice said loudly,
"Come in haste," it added proudly,
Like a man who owned a million
Or much more.

But the doctor never heeded,
Back to dreamland fast he speeded,
For such men as that he needed
In his practice
Nevermore.

For long months that man had owed him,
Not a cent he'd ever paid him,
And the doctor now will dose him
Nevermore.

SURGICAL SUGGESTIONS.

"Nose-picking" may result in a perforation of the septum. —*American Journal of Surgery.*

Torticollis after adenoidectomy means a post-operative infection.—*American Journal of Surgery.*

If on transillumination the maxillary antra are dark, it does not necessarily mean that pus is present. Thick granulations may be covering the antral wall.—*American Journal of Surgery.*

Pain and swelling of the tip of the nose, is often caused by an infection of the hair follicles in the vestibule.—*American Journal of Surgery.*

An infection of the hair follicles of the nose is quickly relieved by the application of a 1% salve of yellow oxid of mercury. —*American Journal of Surgery.*

A foreign body in the nose of a child is often suggested by a discharge of mucus from one side only.—*American Journal of Surgery.*

Hard foreign bodies in the nose may sometimes be removed, where other means fail, by wiping the cavity and foreign body dry and applying sealing wax attached to cotton.—*American Journal of Surgery.*

Polypi are not merely cystic tumors—they often spring from a base of diseased bone. Removing the polypi does not cure the disease; the affected bone necessarily must be removed. —*American Journal of Surgery.*

Small clinging pieces of adenoid tissue which have not been removed by the curette will very likely set up an inflammatory reaction on the posterior pharyngeal wall which is more distressing than the adenoids themselves.—*American Journal of Surgery.*

One should not rely on feeling a tonsil engaged in a tonsillitome; he should *see* that it is if he does not wish to take the chance of cutting away the pillars of the fauces, a portion of the tongue, the floor of the mouth or the uvula.—*American Journal of Surgery.*

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ANATOMICAL ANOMALIES.

We beg to assure the reader that we have no intention of entering into a discussion of the origin or evolution of man. For our present purpose, it is sufficient that he is here, and that we, as physicians, are intently engaged in the study of his physical makeup.

It has been suggested that in pursuing this study, we place beside the person studied a mental picture of a perfect man. This is well said, especially the mental part, for the perfect physical man does not exist in actuality and the picture is necessarily a mental one. To some this statement may seem a little overdrawn, but we insist that it is true and that it cannot be stated too strongly. Recall for a moment the great effort that a sculptor will make to find a woman whose body is sufficiently perfect to serve as a foundation or skeleton upon which to build a Venus; and then remember that he sees only the surface, the interior being to him a sealed book. However, let us assume that he discovers a model which appears perfect to him, for then we may consider what will be the findings when her special senses and vital organs are critically examined. Will she have astigmatism or color blindness; will her auditory mechanism be equal to the best; will the nasal septum be straight and in the median line. and will her vocal organs be so placed

that she will have even a good voice? Again, will her blood vessels, muscles and nerves each be found in its proper place and of faultless construction? Also her stomach, her kidneys, her generative organs, will each of these be found of proper size and construction and in its proper place? Again we aver that the physically perfect man does not exist.

Since we find that, upon ultimate analysis, what we call a normal body must be abnormal in many of its parts, does it necessarily follow that such a body cannot lead a comfortable and useful existence? In how many parts may a body be abnormal and the whole still be considered normal? The answer to this question can only be determined by estimating the total handicap of the defects of each. And in so doing we must not forget that art can many times correct the faults of nature. For example, the horizon of a myopic person is near at hand, it surrounds him like a clinging fog. Beyond is the great wide world, but he sees it not. He has a handicap which he cannot overcome; for there are many things which he cannot do. But let science fit him with a pair of glasses and behold, he is as other men. He meets them on an equal footing. Or, suppose the eye defect is a minor one which causes eye strain. There is headache, neurasthenia, malaise, poor health, in short, an inability to carry a man's load at whatever he is trying to do. Nature has given him a formidable handicap; but science removes it. Sometimes nature gives a man an auditory mechanism which is so defective that he cannot hear certain tones; or his sense of smell may be so defective that various odors are unknown to him. Almost every person has anesthetic areas on the body; and there are many who cannot tell the difference in taste between an onion and an apple.

The bone and muscle construction is also of importance. Nature must build the strong man like the draught horse and the runner like a race horse; and a little defect makes either unfit. But let us consider the vital organs—the parts which make life a joy when they perform their proper functions, but a curse when they are unequal to the task. All of us have seen babies with defective hearts which gave up the struggle within a few hours and yet others which lasted for a decade or so, making the owner a semi-invalid. May not these have had weak spots in their arteries as well? May not any person be born with weak arteries and eventually develop an aneurism of a large trunk, or a number of small aneurisms in the brain, the kidneys, the liver, the stomach, anywhere in fact? Such defects being both difficult to recognize and to remedy, they would prove a formidable handicap to their possessor. Many babies are born with a defective alimentary

tract and they usually succumb within a few months. A few of these reach mature years, but a gastroptosis means a poorly nourished body and the absorption of the complex toxines of a well-fed garbage barrel. The struggle for even existence is a fierce one, and it never ceases until the toxines win. Some persons are born with a kidney insecurely attached, and unless there is a compensatory reformation of the blood vessels and the ureter, its function is seriously disturbed when the organ becomes a "floating kidney." Many boys are born with a long or tight foreskin which produces a long train of ills. Many girls are born with long utero-sacral ligaments which allows the cervix to go forward and the fundus backward; producing a retroverted uterus without the aid of violence of any kind. Such a person is born but to be ill. Many persons of both sexes have obvious hernias and not a few have obscure varieties diagnosed after death. Many other defects of nature might be cited, and there are doubtless many that we know not of, but these are sufficient. In each defect noted, the handicap of nature is a formidable one until it is removed by science. The abnormality of the part is so great that the whole body becomes abnormal. But with the defect corrected the abnormal part becomes normal, and the whole body likewise becomes normal. If it were possible to correct all imperfections of construction, each of us might have a perfect body. But so far, only the most obvious and insistent ones have been considered There is much original work to be done, for the land has only been explored along the main rivers. When we think of how much has been accomplished along these lines in the last score of years, we feel the encouragement to try yet again.

THERAPEUTIC FACTS.

(Extracts from the address of Doctor Boskowitz at the inauguration of the Brooklyn Therapeutic Society).

Ladies and Gentlemen of the Brooklyn Therapeutic Society: It is with pleasure that I respond to your invitation to address you this evening, and I wish to congratulate you and to predict for your society a full measure of success, for the study of therapeutics will soon become the fad of our rivals. They will tire before long of their hunt for bacterial vaccines and suddenly you will find that one of the great European authorities will discover and formulate a new system of direct medication; that he will announce to the world that drugs have a selective affinity and will act better when administered in small and broken doses, and that the green drug extracts made by a cold distillation process possess qualities never before thought of.

He will be hailed as a great man and millions of lives will be saved that are to-day sacrificed on the altar of therapeutic nihilism.

It is a wise move, gentlemen, to have started this society for the study of therapeutics, and success and scientific progress will follow its inauguration if you will but give your attention to the obtaining of therapeutic facts, no matter what their source—whether from the laboratory experience of experimenters who claim to have the only scientific knowledge, or from the bedside observer, whose system is called empiric, but whose facts are gathered by observing the effects of drugs upon the sick human being, who gives you facts without knowing the modus operandi.

Give to the empirical observer as much attention as you do to the laboratory experimenter, for the basic facts in therapeutics have in reality been gathered from the observations of careful men. For example, castor oil has been found to move the bowels with a precision which is remarkable. But what about its scientific or physiological action?

Hare in his book, "Practical Therapeutics," published in 1901, says of castor oil under "Physiological Action:" "The manner in which castor oil purges is somewhat in doubt." Under therapeutics he says: "Its action is so regular that it can almost be used as a time piece."

You, as a society, should continue to gather facts in therapeutics and study and restudy this vast materia medica, for the half is not yet known.

The old remedy, lobelia, for the use of which the pioneers were abused, and which we modern Eclectics thought we well understood, both as to action and indication, has been introduced but recently in a new field.

Dr. Jentzsch, of Chicago, a careful observing man, records his observation of it when introduced hypodermically and gives us the knowledge of its powerful influence on the system in conditions of blood poisoning. He cannot tell us how it acts, but gives us the facts, reporting over 100 cases of diphtheria treated by this method without a single death.

How valuable—how far-reaching such a fact! Many of our vegetable remedies will be found to possess certain qualities not at present thought of, when administered in this manner.

Your society may, before long, be able to give us some facts along these lines. Every member should be active in this work. In the administration and study of remedies, observe with care, record with minute precision, and compare frequently when you meet your experiences, and you will soon have thera-

peutic facts to present to the world that will be a benefit to humanity, and which will, without doubt, make you all famous.

And now before closing I will quote from some recent old school literature which shows very plainly the trend of the profession so far as this subject is concerned, and the eagerness with which every thought on therapeutics will be sought for and indications for the application of drugs to meet pathological conditions in individual cases, the Mecca, rather than to prescribe for a pneumonia, typhoid, etc. In the New York State Journal of Medicine, September, 1908, among the editorials under the caption, "Delayed Therapy" we find the following:

"May we not ask ourselves the question: Are we not too often belated in our therapeutics? If a lesion is due to the absorption of ptomain-like products, are there not symptoms due to the present of these products before an anatomic lesion has developed, and is not that condition to be treated in preference to the anatomic lesion?

"For many years following the advancements of pathological anatomy we treated the lesion. Now the study of pathological physiology has taken us a step farther back. We must now shake off the yoke of the tryannical doctrine which, by making of disease a consequence of the lesion, has greatly hampered our therapeutic activity."

And then under "Proprietary Preparations" we find this: "Proprietary preparations will be much less in vogue when students in medicine are taught therapeutics in the same serious spirit that they are taught the other branches of medicine. If the student has not well in hand his therapeutics when he leaves college, he falls an easy victim to the ready-made prescription habit. It is an unfortunate commentary upon the general practitioner of medicine that it is he who is made to keep alive the proprietary business in the same manner that the general public is made to keep alive the patent medicine evil. Both are made dupes of commercial interest."

In Blair's "Practitioner's Hand Book of Materia Medica and Therapeutics," published by the Medical Council Co., of Philadelphia, Pa., Dr. Blair, the author, who is a member of the old school societies from county to national, and a member of the visiting staff of the Harrisburg City Hospital, in his chapter on Pharmacy, says the following: "Many of the therapeutic actions in small doses cannot be obtained with fluid extracts and tinctures made in the usual way," and then he recommends Lloyd's tinctures, and of them he says: "Their great activity is readily explained since they are made usually of plants in their green or recent state, and the process employed in making them varies with the substance used, but is

usually a combined maceration and percolation with the aid of ingenious concentrating apparatus in which heat is not employed."

In referring to the therapy of the drug and the collection of the facts concerning it he has this to say: "Definite symptomology and direct actions rather than purely laboratory data are given and the actions upon man excluding those based upon experimental studies upon the lower animals are alone referred to."—*Eclectic Review.*

SOME THOUGHTS ON EXPERT TESTIMONY.

By G. Henri Bogart, M.D., Brookville, Ind.

How often have we stood in the court room and heard the medical expert tell how, and why, certain positions were unassailable, quoting authority after authority, until his dictum seemed as that of the Medes and Persians. But when the other fellow got his innings, how different it all seemed, even to us, professionally able to weigh it all. How much more so then to the layman on the jury with heavy questions of life and its interests to determine, and no special knowledge to enable him to weigh the conflicting opinions.

I have served for the State in various murder cases, to help break down hackneyed insanity defense pleas, and always with considerable self-congratulation.

I have served as the coroner of this county, for the past fourteen years and a case that occurred on February 15th, 1903, somewhat changed my certitude in such matters. F. G. and his wife had one child, a daughter who was married to J. P., the two families living and farming together. The older man determined to sell his large farm, which was located in a rough, hilly section and buy a small farm near town, for himself, and a larger place for the son-in-law, but the younger man, with persistence amounting almost to an insanity, opposed moving from the place.

On the evening of the 14th, the two men were at the village store and quarreled loudly, threatening each other with violence. This happened in the presence of a dozen or more neighbors.

The next morning they arose early and went to the barn, while the women prepared breakfast. The older man was to go that day and close the purchase of the new farms. He came in when breakfast was called but the younger man did not. After the meal, he went to the barn to get his buggy and the daughter accompanied him to attend to the milking. As she passed round the barn, she discovered her husband leaning against a straw stack and shot in five places.

He was removed to the house, myself and Dr. Calvin Carter of Brookville being summoned.

The wounds were inflicted with a 32 caliber bulldog revolver. One bullet penetrated the stomach and fractured the body of the tenth dorsal vertebra, one glanced from a rib and ploughed around the line of the rib into the muscles of the back, one entered the throat to the left of the larynx, imbedding itself in the body of the sixth cervical vertebra. Another entered the face to the left of the wing of the nose and crashed through the bones into the sphenoid, while the fifth entered the left temporal region and passed directly through the head. At the point of exit there was a lump of exuded brain matter as large as a pigeon egg. The pistol was a new one and we have never been able to ascertain whence it came. It was found sticking in the muddy ground, thirty feet from the victim.

Here were all the elements of a first degree murder charge against the older man. I would have gone unhesitatingly on the witness stand and sworn that I did not believe from the nature and severity of the wounds, that it was possible for them to have been self-inflicted and I think that a majority of my readers would have done the same thing. However, by ten o'clock the wounded man had recovered from the shock sufficiently to talk, though the wound in the throat rendered speech slow and difficult. He dictated to me a statement of how he had shot himself, rather than move from the place that had grown so dear to him. The shots had been inflicted in the order given.

The third one, in the throat, had "numbed" his right hand and he had changed the weapon to the left to inflict the two shots in the head and then when he realized that it was empty, he hurled the pistol from him in disgust. The man lived, conscious and seemingly without pain until 11:00 at night when he swifty passed into collapse and died. Nothing on earth exeept his phenomenal vitality had saved the innocent old man from conviction and punishment for first degree murder. Not only has my own narrow escape from prosecuting the innocent man in this case, badly wrecked my belief in the reliability of expert testimony, but it has altered many of my ideas as to the practice of medicine. Do we not attach too little importance to the different idiosyncracies of patients? Do we not get somewhat rimbound as to the certainty of symptom and dosage? Are there not some points in physiological, as well as the pathological, action which display wide abnormalities, for which we cannot account?

I have a man in the county jail, at the present time, on a first degree murder charge. He shot his wife through the left lung, three weeks ago, with a rifle, and she was dead when we broke into the house, a few minutes after. He shot himself through the left lung with the same gun, and twice in the left

temporal region. The thoracic wound ranged down and back from a point near the left nipple, the bullet being cut out just beneath the skin below the shoulder blade. One bullet bored a pretty round hole through the skull and is somewhere within the cranium. This man has had no shock, no unconsciousness, and the respiration and circulation have remained normal. The temperature has not varied more than three degrees from normal and that only on two occasions.

Why is this man so immune from any of the results that we would have looked for? Both these cases are matters of record with the clerk of the court here at Brookville.—*Medical Era.*

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, March 2nd, 1909, at Dr. Solomon's office, 308 Wilcox Building.

There was an unusually large attendance, and after disposing of the regular routine business, Dr. Dougall read an excellent and most entertaining paper on "Urinalysis." This paper was freely and thoroughly discussed and different members reported clinical experiences dealing with the various kidney lesions.

Dr. Hubbard reported his experience in treating Ovarian Neuralgia.

Dr. Solomon was appointed to read the essay at the next meeting which will be held at Dr. Solomon's office on Tuesday evening, April 6th, 1909.

Dr. L. A. Perce, President.
Dr. P. M. Welbourn, Secretary

NEWS ITEMS.

Dr. Hanna Scott Turner, Pomona, has been quite ill for several weeks as the result of a neglected cold.

Dr. J. A. Munk made two visits to Sacramento this past month on business regarding medical legislation.

The regular meeting of the California State Board of Medical Examiners will be held in San Francisco on April 6th, 7th, and 8th.

Mrs. Chandler, wife of Dr. Chas M. Chandler, Salt Lake city, died in Long Beachon March 7th. They were spending the winter at the sea shore because of Mrs Chandler's ill health. The body was taken to Salt Lake City for burial.

Dr. W. T. Waugh, 1424 E. Ravenswood Park, Chicago, is collecting material for a paper on atropine as a hemostatic and would be pleased to have notes of experience from our readers. He desires adverse reports as well as those favoring the remedy.

Dr. C. W. Ray, Mountain Lake, Minnesota, who has been making a short visit in Southern California has gone home but expects to return in a short time and locate here. The doctor has a license in this state, consequently the State Board has no terrors for him.

We hope our many friends have noted that the Journal has been admitted as second class mail matter.

Dr. T. J. Peterson, Lompoc, has some medical books that he would be pleased to exchange for a good microscope.

The California Eclectic Medical Society meets in San Francisco on May 25, 26 and 27, 1909. It is hoped and expected that every member will be present and lend his aid in making this meeting a record breaker.

Dr. J. A. Miller, Brawley, California, desires to retire from the active practice of medicine. He would like to establish a young Eclectic in his community as he is the only Eclectic in the county. The doctor has nothing to sell but would use all his influence to help a new man to get acquainted.

Dr. C. P. Higgins who has been ill for some time died on March 19. The funeral was held March 22 at 3 p.m. Cremation at Rosedale Cemetery.

The Medical Department of the University of Southern California has become affiliated with the Medical Department of the University of California located in Berkeley. Beginning

with 1910 only the Junior and Senior sessions will be held in Los Angeles and two years college work will be required for admission to the freshman year.

The Eclectic Medical Society of the State of New York met in Albany on March 10, and 11, at which time Dr. R. L. Watkins delivered an interesting lecture on "Tuberculosis in the Blood." Dr. Watkins' ideas are at variance with commonly accepted ideas of the spread and origin of tuberculosis, believing the bacilli to be a result rather than a cause of the disease.

The Journal has a number of medical books, which are slightly damaged from shipping, but are not second hand, which will be disposed of at a great reduction in price. If any one is interested the Journal will be pleased to furnish a list of the books with the reduced price list, upon request.

Wanted slightly used instruments and all kinds of office equipment in good condition. Fair prices for reliable goods. Distance no object. Write Henderson, 127 East 23rd Street, New York.

Free sample of a new patent Two Finger Obstetrical Examination Cot will be sent to physicians sending card or prescription blank. Other novelties. Address Medical Equipment Company, 127 East 34rd Street, New York.

CARD OF THANKS.

Los Angeles, California, March 5th, 1909.

J. Park Dougall, M.D.,

Dear Doctor: On behalf of the California Eclectic Medical College, we wish to extend our thanks to you in consideration of your recent contribution, to the college, of the fine cabinet of Photomicrographs.

We appreciate your gift, not alone on account of its real value, nor because it will be an undoubted factor in the teaching of Bacteriology, but most highly because it represents your own work, well done.

J. A. Munk, M.D., Dean.
G. W. Finch, M.D., Sec'y.

WHERE THERE IS A BURNING sensation when urinating, sanmetto in teaspoonful doses three or four times a day usually gives relief. If the urine is alkaline, ammonioum benzoate in connection with sanmetto will prove helpful, and citrate of potash when the urine is acid.

READING NOTICES.

Druggists doing a large prescription business report a phenomenal increase in the demand for granular effervescent aperients. There are any number of these upon the market of various grades of efficiency; but physicians seem to prefer the simple salts, prescriptions calling for sulphate of magnesia and sodium phosphate outnumbering materially those demanding compounds. of known or partially secret character. Saline Laxative (Abbott) seems to be regarded as the representative preparation of magnesium sulphate and as it is even stronger than the official magnesii sulphas effervescens and decidedly pleasant to take, it is very generally given the preference.

Saline Laxative (Abbott) is obtainable in air-tight tin containers, also in bottles, and comes in three sizes, small, medium and large, so that any desired amount may be prescribed with the assurance that it will reach the patient in first-class condition.

PASSIFLORA NERVENOUS.

Daniel's Concentrated Tincture Passiflora Incarnata is unequaled as a calmative. For every trouble of a purely nervous character, or developed from nerve derangement, as drawn and jerking tendons in the limbs, it invariably proves most beneficial. Passiflora does not produce constipation, and in this virtue, recommends itself strongly to the medical profession.

Being prepared from the fresh green fruit, vine and leaf of the Maypop, it is a delightful, reliable and valuable nervine. Physicians prescribe Passiflora for nervous women, teething babies, neuralgia, hysteria, acute nervousness from excitement, fevers, etc. Preceding and during childbirth, during the menstrual period, pregnancy and the menopause, it is indispensable to tranquilize the nerves of women. A tablespoonful given at night before retiring, will cure your patient of insomnia. Passiflora stimulates and quiets the nervous system without the weakening reaction incident to opiates.

A physician who has prescribed Tongaline for many years sums up his experience with the preparation in the following statements:

"For all indefinite aches and pains Tongaline is rarely given without the most beneficial results."

"Tongaline is always efficient for the relief of pain resulting from any excess of uric acid."

"Tongaline promptly rids the system of any and all sorts of poison, making it an ideal eliminant."

"The use of Tongaline makes the practice of medicine easier for the physician and adds to his reputation."

The California Eclectic Medical Journal

Vol. II MAY, 1909 No. 5

Original Contributions

MEDICAL RESOURCES OF CALIFORNIA.

JOHN FEARN, M.D., Oakland, California.

I was much interested in the paper by O. S. Laws, M.D., on medical resources of Southern California. But I would like to give a wider range to the subject and take in the whole state or Pacific Coast. The early fathers in our school made their mark when leaving the old-time remedies, some of which had done good work, many of which were better relegated to oblivion. They started out to find a new Materia Medica. They traversed the fields, they climbed the mountains, they wandered through forest and meadow. And wherever they went their eyes were open for plants and vegetable substances that could be used for man's good when enduring sickness and pain. It is true they were often ostracised, and criticised, yea and despised, by those who considered themselves the blue blood of the profession. In scorn they were named "Root and Yarb Doctors," but they cared not. And what an heritage of indigenous remedies they left us. And today the blue bloods are using the remedies brought out by these pioneers—but they seldom give the pioneers credit. Today they are using Gelsemium, Iris bers, Echinacea, Macrotys, Baptisia, etc., etc., as though they had always used and appreciated them. And we do not begrudge them, we are glad for them to use them for the relief of the sick and the unfortunate. But while we have the finished products today of the scientific pharmacist, let us not forget the pioneers, who often gathered their own roots and herbs, and then in addition to their arduous labors, connected with country practice, they made their own infusions, decoctions, etc., and then used these crude products with wonderful success.

The Pacific Coast is rich in medical resources, extending from the shores of the Pacific Ocean, and away backward and upward as far up the mountain sides as vegetable life extends, and although many of the vegetable remedies common to Europe and America are found here growing in abundance, yet away and beyond all these, there is a rich profusion of medical plants which have never been classed. What a delightful experience it would be for our young physicians to emulate the example of

O. S. Laws, M.D., and test and try these remedies. Dr. Bundy, a good Eclectic long since dead, yet, his name is still kept alive through his work in bringing such remedies as Cascara Sagrada, (Rhamnus Purshiana) Berberis Aquifolium, etc., into Materia Medica. I wish friend Laws would get the scientific botanic name of the plant he mentions as "Water Mody." From what he says I believe it would be a new addition and a valuable one to our Materia Medica. I should like to get acquainted with that plant. I am not a scientific botanist but it seems to me there are plenty of people in Los Angeles who could name this plant.

And only to mention one more plant which grows extensively in some portions of California. I refer to Anemopsis Californica which was written up by my friend the President of the California Eclectic Medical Society, J. A. Munk, M.D., in the February number of your Journal. Years ago I wrote on this article but my published paper was lost during the fire and earthquake. I wish our friends in the south would thoroughly test this remedy as, from the experience I had with it, I believe it to be a very valuable plant, the natives where it grows value it very highly. It is one of their main remedies in consumption. Besides the use pointed out by Doctor Munk I believe it has properties very much like that valuable remedy Piper Methysticum and like it can be used in Dyspepsia, in Specific Urethritis and in Catarrh and as a mucous membrane remedy.

In conclusion let me say: Keep at it, Doctors Laws and Munk, and let every other member of the society on the Coast join with them and we will develop an indigenous list of remedies that will bring renown to our Coast.

WHAT IS ASTHMA?

Dr. J. C. Solomon, Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

I don't know of any disease in which so many different theories have been advanced to account for its cause and symptoms as that of Asthma. Asthma is in the nature of reflex neurosis, characterized by recurrent paroxysms of violent dyspnoea. Some treat it as a disease, some as a symptom and others as a combination of conditions, without any positive pathological basis. No physician can intelligently treat a disease without understanding the underlying cause of the pathology of it. We must remember that it is not only the name of the disease that we are treating, but that we have an individual to treat in which we have temperaments, environments and different other conditions of the patients to contend with.

Asthma in former years was considered to be due to contraction of the bronchial tubes, and that it was due to some specific irritation of the air tubes.

Budd divided Asthma into two varieties, one depending upon cardiac disease, emphysema, the other due to a spasm of the respiratory muscles. Bosworth calls Asthma a vaso-motor bronchitis; Copeland, nervous asthenia; Loomis, Trosseau; Salter and many others consider it a diathetic neurosis. Morton claims it is due to disorders of the larynx and compares it with spasmodic croup of the bronchial tubes in Asthma, the direct cause of the paroxysm being an excess of venous blood in the medulla. A great many modern writers regard Asthma as a neurosis of the pulmonary plexus. A large number of the profession are accepting the Uric Acid theory as being the cause of producing the paroxysm, so we can easily understand that it is a hard proposition to come to any correct conclusion in regard to the paroxysm of Asthma.

In Nasal, Pharyngeal, or Naso-pharyngeal Asthma, we have the sensitive area in the nose, pharynx or naso-pharynx, polypus, hypertrophic catarrh, rhinitis, deviation of septum, nasal spurs, tumors, adenoids and other conditions of the upper respiratory tract, causing obstructions to free nasal respiration, are positive factors in Asthma. Of course we must not forget that it is a reflex neurosis, and that the genito-urinary, rectal and other diseases in connection with those already mentioned will bring on attacks of Asthma. An excess of any of the nitrogenous waste products of the body may, if not eliminated, produce irritation of the sensitive nerve centers. The most common of these are Uric Acid and Oxalic Acid, these are both produced by defective metabolism; the Uric Acid in the blood so alters nutrition as to cause a neurosis of the branches of the pulmonary plexus, thus inducing hyperesthesia, and engorgment of the mucous membrane from irritation of the vaso-motor system, and spasm of the muscular coat of the bronchial tubes takes place.

Asthma has also been observed to alternate with those diseases that are generally attributed to the uric acid diathesis, such as neuralgia, rheumatism, gout, angina, migrain, etc. In nasal and naso-pharyngeal Asthma, any irritation that may come in contact with the upper respiratory tract will bring an attack. In bronchial Asthma, colds, fogs, dampness, change of weather often give rise to an attack. In the peptic form, certain kinds of food will act as an irritant.

I will not take up much time to discuss the diagnosis or symptoms. The treatment is what concerns us most, and what the patient wants is immediate relief, and no quicker results can

be obtained to relieve the paroxysm of dyspnoea than the use of morphine and atropine hypodermically or apo-morphine, the local application of cocaine and adrenalin if situated in the nose, but there is danger of creating a morphine or cocaine habit. Nitroglycerine is an excellent remedy. Nitrate of Amyl to be inhaled gives good results but it must always be fresh. The administration of Grindelia is very good. The inhalation of Stramonium leaves, nitrate of Potassium, etc., are well known to you all. The paroxysm of dyspnoea having been relieved, the next and most important thing in order is to prevent its return if possible. The nose and naso-pharynx should be carefully looked after, and all obstructions removed. If the mucous membrane is diseased, it must get proper attention. In the bronchial form my favorite remedy is Kali Iodid 5i Liquor Potas Arsen 5ss Tr. bell 5iss Elix Lactopep. 5ij and in peptic Asthma the stomach should be carefully looked after, and the patient kept on a diet; all red meats, and stimulus such as liquors, coffee, or tea, should be stopped. Phosphate of Soda or Salioita is one of the best treatments in the uric acid diathesis. It is absolutely of great importance in the treatment of Asthma that the nose, naso-pharynx, the genito-urinary and rectal troubles should receive proper attention.

CIRCUMCISION OF WOMEN.

John Albert Burnett, M.D., Little Rock, Arkansas.

The Board of Medical Examiners of the State of California has asked the following question on gynecology at one examination: "Give a good reason for circumcising a woman and describe the operation." In my opinion this was a very good question to be asked as the circumcision of women is as important, when needed, as the circumcision of men.

As this question was asked in California it will no doubt be of interest to some medical journal published in that state.

Recently I wrote to fourteen physicians, seven regular and seven homeopathic physicians and asked them the following question. "The Board of Medical Examiners of the State of California asked the following question: Give a good reason for circumcising a woman and describe the operation. How would you answer this question and what are the various reasons for circumcising women?" Of the seven regular physicians four answered and of the seven homeopathic physicians five answered. The answers are as follows:

Dr. J. H. J. Upham, Professor of Medicine Starling, Ohio, Medical College, said: "In answer to your question I would say that the operation referred to is occasionally performed

where the clitoris is abnormally long or bound down by adhesions associated sometimes with reflex irritation. Usually simple separation of the adhesions is sufficient. The operation merely consists in amputatnig the excess tissue and bringing together skin and mucous membrane so as to leave the glans clitoridis well exposed."

Dr. R. E. Skeel, Professor of Obstetrics Cleveland College of Physicians and Surgeons, said: "In reply to your question I should say that I should know of but one reason for the operation, namely a malignant growth of the prepuce of the clitoris. Owing to the fact that malignant growths are irregular in character I should be unable to answer the latter half of the question if the operation were based upon the reason given above."

The reply from the Editor of the Medical Record (Wm. Wood & Co.) was as follows: "In reply to your query I will say that circumcision in the female is said to be indicated in cases where the clitoris is hypertrophied and surrounded by an abundance of loose, flabby and redundant prepuce. The prepuce is slit up on the dorsum (similar to the same operation in the male) or as is done in the first step of clitoridectomy. The prepuce now divided into two flaps is cut away by seizing each flap in turn with forceps and cutting it off at the base with scissors. The exposed raw surfaces are brought together by fine catgut sutures."

The Editor of the American Journal of Clinical Medicine said: "We are in receipt of your recent communication. Circumcision of a women is a very small operation and technique is described in any modern work on surgery or genito-urinary diseases. The existence of a hooded clitoris is sufficient reason for circumsicion of a female. Ashton in his work on gynecology goes into this subject in extenso. 'Adherence of the prepuce and glans are quite frequently met, these should be broken up, the surfaces kept apart until healing takes place. A large flabby redundant prepuce is occasionally met with, local irritation is apt to be produced and masturbation result; serious neurotic conditions are apt to develop. Operation: A general anesthetic should be given or a full local anesthesia produced. The prepuce is seized on each side of the glans with forceps and divided with a pair of straight scissors along the dorsum of the clitoris. Each half of the divided prepuce is then removed with scissors and the raw surface is covered by uniting the edges with uninterrupted catgut sutures.' In Ashton's work the various steps of the procedure are illustrated.'

Dr. George Royal, Dean and Professor of Materia Medica and Therapeutics of the University of Iowa College of Homeopathic Medicine said: "Your letter before me. One reason for

circumcising a woman is an adherent clitoris. Under aseptic precautions with local anesthesia free the hood of clitoris and amputate enough to leave the clitoris free. This is frequently done. See Wood's Gynecology page 930 for full directions."

D. T. Smith, B.S., M.D., Professor of Surgery, University of Michigan, Homeopathic Department said: "Circumcision of the female should be made when the hood of the clitoris is long and adherent to the organ. If the child or woman is troubled with any of the neurosis that would call for circumcision in the male, epilepsy, chorea, irritable temperament, sleeplessness, sexual perversion, etc., I perform the operation by separating the hood from the clitoris with a groved director. When fully separated the organ will stand out prominently as a nub when the hood is pushed back. The hood is then a fold of skin on the upper side and mucous membrane on the under side just like a prepuee except that it only covers the top and sides of the glans. A strip of sufficient width is cut from the edge. You never have a ring as in the male foreskin. As a rule freeing the foreskin of the hood and preventing the adhesions reforming is all that is necessary."

Dr. J. B. Cobb, Professor of Pediatrics Hahnemann Medical College of Chicago said: "The term 'circumcision of a woman' constitutes a violence to the English language for which I know no adequate medical authority. 'Unhooding of the clitoris' is recommended for a variety of reasons is a routine habit with some authorities. It undoubtedly is indicated at times and is often followed with good results.

"Nervous conditions that can be traced to local genital irritation would in my mind warrant the procedure. In little children I recommend it as a means of relief from enuresis and masturbation."

Dr. H. C. Aldrich, Professor of Gynecology, University of Minnesota, College of Homeopathic Medicine and Surgery said: "Your question quoted from the California State Examination to-wit: 'Give a good reason for circumcising a woman and describe the operation.' I can answer that the same reasons for the operation in the male apply to the female and the operation would be breaking up the adhesions under the hood of the clitoris and amputating the hood, sewing up the edges of the wound with fine catgut. It is often needed and most invariably produces wonderfully good results."

Dr. Lincoln Phillips, Professor of Pedriatrics, Pulte Medical College said: "In reference to the question (California Board) circumcision in women is indicated when the hood of the clitoris is elongated and adherent, when it is a cause of masturbation and when it is productive of reflex nervous symptoms

(as in male) headache, indigestion, sleeplessness, neurasthenia, etc. As to operation, slit the hood the distance required, then pare edges on both sides, insert catgut sutures as in foreskin of male."

I do not fully agree with Dr. Skeel in his opinion on the circumcision of women and don't think that many physicians would agree with him. I do not fully agree with Dr. Cobb on his views on the term "circumcision of a woman." I consider it just as correct to speak of male or female circumcision as it is to speak of removing the prepuce from the clitoris or penis or to speak of male or female castration.

When a human female has the prepuce cut off the clitoris, or a male has the prepuce cut off the penis they are circumcised. When a human female has the ovaries removed or a male has the testicles removed they are castrated. I like the term circumcision for male and female as well as the term castration.

I have an article "A Few Facts Regarding the Clitoris Gathered from Various Sources" September, 1908, Kansas City Medical Record, which will be of much interest to those who are interested in female circumcision. It is a long article and true to title. The value of circumcision of women is well known to some physicians, but others know nothing about it. It is a subject that should be better known, or more generally known, as in the treatment of diseases the cause must be found and removed or the treatment is empirical.

These letters show a variety of opinions on the reasons for circumcision of women and how it should be done and I think will be interesting as well as instructive and beneficial to many physicians and many women and girls. It is my object that it shall be the means of helping the female sex in many ways.

ALCOHOLISM.

F. A. P. Montagu, M.D., Drury, New Zealand

From excessive use of intoxicating liquors the condition of the blood becomes altered and the action of the nervous system perverted. It causes loss of Honor and Morality and reduces man to a condition little above a beast. Whenever these changes have occurred a disease exists known as Alcoholism. Drunkenness is the greatest curse that ever befell mankind. It destroys more lives than war, famine or plague. It creates an endless flow of tears and an immeasureable amount of anguish and suffering. It beggars homes, is the cause of crime and brings those who have wealth and affluence to poverty and disgrace.

To remedy this evil, philanthropic men and women have

gone so far as to form temperance leagues and other societies for prohibition and established a political party. These efforts have accomplished a great deal in New Zealand. When a man has lost his Honor and violates his promises, abuses his family and commits thefts and other crimes, then the disease is known as Oinomania. A great question arises when this form of insanity exists, as to whether the person is responsible for crimes or not. In these cases I have prescribed the following with good results:

℞ Sp. Hydrastis ʒi.
Sp. Cannabis m x.
Sp. Nux m v.
Tr. Capsici ʒi
Aqua ad ℥iv
Sig: ʒi t. i. d. p. c. ex. aq.

In the case of Delirium Tremens the best treatment is a soporific and unless sleep is obtained the patient dies of exhaustion. Tr. Agaricus mx aq. ʒi will have the desired effect, it is also a good prophylactic. Should the patient suffer from excessive nervous excitation the following is of benefit:

℞ Ammon. Brom.
Pot. Brom.
Sod. Brom. aa. ʒi.
Inf. Aurantii ad ℥viii.
Sig: ʒii t. i. d. p. c. ex aq.

MACROTYS.

The study made of Macrotys (Cimicifuga Racemosa) by The Eclectic League for Drug Research, defines its apparent specific field as follows:

(1). Myalgia and all painful muscular conditions the result of improper excretions.

(2). Nervous conditions the reflex from certain muscular organs.

(3). Certain sub-acute nervous and mental states resulting from a disturbed circulation of the brain.

Most all of the primary diseased conditions in which Macrotys acts best, apparently arise from a disturbance in which excretion of certain products of metabolism yet to be defined. Acute rheumatic myalgias the results of "colds;" rheumatic fevers (with the proper sedative for the febrile state); and the uterine muscular pains, apparently all result from the same state of the bodily fluids.

The secondary reflex nervous diseases may arise from the heart, the uterus or any muscular tissue. The chorea relieved by Macrotys seems to be of this type, although the drug ap-

parently also directly affects the central organs, as evidenced by the dizziness, nausea, palpitation and mental perturbation to which it gives rise.

All reports recommend its use in as large a dosage as can be borne by the patient, ceasing its administration when untoward signs appear.

Its nature is sedative and Dr. Ellingwood recommends that this be augmented as indicated by Gelsemium or Scutellaria, or as Dr. Scudder has recommended, by Aconite.

Dr. A. W. Smith, Chicago, relates an interesting case of a woman aged 25 years, suffering from Chronic Hyperplasia of the Uterus, with all its reflex symptoms. After exposure to inclement weather, a severe Tonsillitis arose, which the ordinary remedies, in over a week's use, failed to relieve. Noticing the similarity of the symptoms, to a case of Rheumatism, he administered Macrotys with marked relief and speedy cure. A feature was the sub-normal temperature, following the use of the previous drugs and which Macrotys remedied.

In a recent case of Tonsillitis in my own practice, Macrotys with Aconite, gave one of the quickest cures I have ever had in this disease.

Other suggestions reported were its use in Phthisis Pulmonalis, combined with Iodine; false pains; La Grippe and various well-known Uterine wrongs.

Dr. V. A. Baker, Michigan, suggests its use in the irritable bladders of either sex, and one report mentions it as a sexual tonic to both sexes.

Lobelia Inflata.

(Supplementary).

Further report on Lobelia Inflata brings to light the following facts:

One Michigan Eeleetie reports the frequent hypodermie use of the speeifie medicine in Infantile Eclampsia with excellent results and no eonsequent nausea nor Abscess formation. However, he reports abscess formation "quite often after the non-alcoholic hypodermic lobelia, despite all antiseptic precautions," he further states that in the hands of a brother practitioner the "hypodermic lobelia has produced excessive emesis upon several occasions."

Excellent results were obtained from the specific medicines, hypodermically in severe follicular tonsillitis, in diphtheria, and in a case of Chronic Bronchitis with an acute Laryngeal Spasm and Dyspnoea so acute, that it looked like the patient would asphyxiate: ten drops, given hypodermically and repeated in ten minutes, gave marked relief.

A report verifies the excellency in ivy poisoning, locally applied and in one case of Chronic Pustular Eczema of the back of the hand.

Dr. Waterhouse, Missouri, in the Medical Harbinger, reports two advanced cases of Diphtheria in which the hypodermic use was apparently a failure, in one of the cases producing so much irritation of the Larynx that it had to be discontinued.

THE ECLECTIC PHYSICIAN AND HIS RESPONSIBILITY.

E. Mather, M.Sc., M.D., D.Sc., Detroit, Mich.

In the early reports of our Materia Medica Association it is made clear that the reformers believed that the indigenous remedies were possessed of such therapeutic value that the cure of disease could be promoted in an eminent degree by their incorporation into the body of the Materia Medica, and in this way all physicians would come to appreciate their value and employ them in practice. It was not the intention of the reformers to start a new sect in medicine but to make the prevailing practice better by ceasing to use certain objectionable remedies, as calomel, blood letting, tartar emetic, etc., and substituting the indigenous remedies; so mandrake was chosen in place of calomel, the vital energy maintained by doing away with the lancet, and lobelia selected in place of tartar emetic.

This reform failed not because it was not founded on a true principle, but on account of the bigotry and intolerance which prevailed among those physicians who *called themselves regulars.*

At the present time it cannot be said that the regular medicine values the indigenous remedies on their true merits; and from the little space devoted to them in their publications we may reasonably infer their opinion that if they were all cast into the sea, medicine would sustain no great loss. It therefore remains for our school, the American Eclectic body of physicians to make good the claim of the reformers as regards these remedies and prove to the medical world the great value of these remedies in healing the sick and the practice founded on them.

To bring this about more completely the American Eclectic Materia Media Association has been organized and has now been in existence over seven years. Our plan is to bring into our monthly reports all that is known of these remedies and through our practitioners in the field test them in practice and eliminate whatever is of no value and confirm what is reliable as regards their therapeutic properties; and by uniting this knowledge with successful measures of other schools demonstrate that our Eclectic Fathers builded wisely. At no time in our history has this

work been so important or has a better opportunity been offered our physicians to do effective work; in fact it has become a necessity. Eclecticism is simply an intelligent commonsense application of the laws of health and a proper adoption of remedies to aid nature in effecting a renewal of life in disease. The symptoms of disease are noted and the pathology studied with the view to the acquisition of precise knowledge as to its nature, cause and rational treatment. We study the cadaver in order to ascertain the effect of the morbid state on the organism and to elicit the organic cause. We study remedies by testing them in diseased states; we analyze them to determine what part possesses medicinal power and what is inert and separate them. We make careful trial of methods of treatment in order to obtain an accurate acquaintance with their nature and action. In short we are constantly seeking to render the principles and practice of the healing art rational and successful. We believe in sincerity and truth, we hate humbug in all its forms and detest wrong and untruthfulness. Our practice is based on sound principles and we aim to improve it by a thorough study of our Materia Medica.

We hold liberal views and favor progress and reform in medicine. We aim to employ any means that will ameliorate suffering and prolong life. We are not tied to any creed. In the work before us we need many laborers. Every Eclectic who has the cause at heart ought to join our Association and those who are now with us ought to urge others to join in the good work. "United we stand, divided we fall" is an old saying and a true one in regard to Eclecticism. United we will gain knowledge and advance our cause. We are in the right and there is no chance of failure if we work diligently in the field allotted us. Our predecessors have done a noble work and the good they have wrought is our inheritance and we must not bury it in the earth.

Now brethren, be up and doing, as our cause demands that every Eclectic do his duty.

STATE BOARD OF MEDICAL EXAMINERS, CALIFORNIA.

San Francisco, April 6th, 7th and 8th, 1909.

GYNECOLOGY.

1. Give location, shape, position and size of a normal uterus.

2. Name and give the attachments of the ligaments that hold the uterus in position.

3. Give the course of the ureters through the true pelvis, particularly their relation to the uterus.

4. Differentiate between Anteversion and Anteflexion of the uterus.

5. Describe briefly the following conditions:

(a) Vicarious menstruation and places it may appear.

(b). Supplementary menstruation.

(c). Suppressed menstruation.

(d). Emansio mensium (a form of Amenorrhœa) with two causes.

6. Give tissues lacerated in incomplete laceration of the perineum. Same in complete laceration.

7. Give differential diagnosis between prolapsus of the urethra and urethrocele.

8. Differentiate between pelvic hæmatocele and hæmatometra.

9. Name the various kinds of cysts found in the pelvis, both from their origin and character of their contents.

10. Name the five different places at which a pelvic abscess may "point."

HISTOLOGY.

1. Explain the difference in the histological structure of Veins and Arteries.

2. Describe the histological structure of the Tonsils.

3. Give the histological structure of Red and Yellow Bone Marrow.

4. Describe the development of Bone.

5. Draw a diagram of a cross section of an ovary showing one ripe Graafian Follicle.

6. Describe the histological structure of the Skin.

7. Describe the histological structure of the Pancreas.

8. Identify two specimens.

9. Identify two specimens.

10. Identify two specimens.

OBSTETRICS.

1. Describe a four months' fœtus sufficiently exact to be of value as evidence in a medico-legal investigation.

2. State fully the reasons or conditions that make a fourteen to eighteen week abortion so very dangerous and describe the management of such a case.

3. What clinical symptoms occurring during labor would cause you to fear post-partum hemorrhage, and state in full what measures you would use to prevent its occurrence.

4. In a case of delayed second stage of labor, how long a time would you allow to elapse before interfering; and if inter-

ference was necessary what would you consider the indications for each different measure or method of terminating labor?

5. During pregnancy what clinical symptoms would be most likely to cause the patient to consult you for threatening toxæmia of pregnancy? How would you verify the diagnosis and how would you manage such a case?

6. What do you consider the probability of frights, accidents, etc., in a pregnant woman as a cause of birth-marks, monsters, etc? What do you consider the most common cause of these abnormal cases and at what stage of fœtal life are these abnormal conditions most likely to begin to develop, and what is the best means to prevent their occurrence?

7. In cases of breech or foot presentations, state fully why the dangers are greater to the mother and to the child, and how would you conduct such cases in order to minimize the dangers to both as much as possible?

8. Describe the symptoms occurring during the first stage of labor that would cause you to fear impending laceration of the cervix and what means would you use to prevent it?

9. Describe some of the conditions in a puerpural case that would lead you to use extraordinary precautions to prevent infection. In such a case state what directions or orders you would give to ignorant, unskilled help, and what you would do yourself to prevent its occurrence and, should it appear, how would you manage the case under these conditions?

10. If you were to conduct an ordinary case of labor in the country among poor people, state fully what directions you would give to an ignorant, unskilled woman, acting as nurse, for the care of your patient for the first forty-eight hours after labor.

ANATOMY.

1. Give a topography of the bronchi on the ventral and dorsal surfaces of the body. (Diagram.)

2. Give course of the adult duodenum and position of the pancreas with reference to the ventral aspect of the vertebral column. (Diagram.)

3. What articulations have an interarticular fibro-cartilage?

4. What is the arrangement of the lumbar fascia?

5. Give brief outline of the arrangement and plan of distribution of the sympathetic nervous system.

6. Name the various bony prominences or landmarks which can be easily felt and recognized in the head and face, which afford the means of mapping out the important structures comprised in this region.

7. What are the veins of the neck which return the blood from the head and face?

8. What nerves enervate the tongue?

9. Give location of the thoracic duct and indicate what portions of the body are drained by it.

10. What arteries supply the rectum and of what arteries are they branches?

CHEMISTRY AND TOXICOLOGY.

1. (a) What is the definite ratio of increase or difference in the methane or marsh gas series?

(b). What is an alcohol?

(c). How are organic acids produced?

2. Select the five most important reagents for an urine analysis outfit and state why you selected each.

3. (a) What body waste does excess of urea signify?

(b) What is the normal amount excreted in 24 hours?

(c) What will increase its quantity?

(d). What should be taken into account in establishing its amount in relation to the individual?

4. (a) Describe Ehrlichs Diaxo-reaction.

(b). Of what diagnostic importance is it?

5. (a) What acids produced from carbohydrates by bacterial action in the intestine?

(b). Do these acids stop the action of the pancreatic juice?

(c). What putrefactive products in the intestine from bacterial action?

6. (a) In what form may indol be found in urine?

(b). Outline analysis.

(c). What is its clinical significance?

7. Give action, where formed, products and classes of foods digested by: (a) Trypsin. (b) Amylopsin. (c) Steapsin.

8. (a) Why would you not give the alkaline carbonate as antidote in oxalic acid poisoning?

(b). Describe symptoms and outline treatment for a case of carbolic acid poisoning.

9. (a) Give the symptoms of poisoning from mushrooms.

(b). What difference would you note in the stains on the skin between nitric acid and sulphuric acid poisoning?

10. Symptoms: Dryness of the throat, metallic taste, great thirst, colic (relieved by pressure), abdominal muscles rigid, constipation, cramps in legs, paralysis of the extremities, convulsions, blue line at margin of gums. Name the poison.

BACTERIOLOGY.

1. Differentiate Endogenous and Exogenous infections.

(b). Name one organism associated with each condition.

2. Name the organism of chancre.
(b). Give the morphology and staining peculiarities.
(c). Name the organism of chancroid.
3. Name two methods of animal inoculation.
(b). State the precautions necessary to satisfactory results.
4. State how to prepare potato for cultural purposes.
(b). Name two organisms to whose growth it is suitable.
5. Name three pyogenic organisms.
(b). Three toxine producers.
(c). Five pathogenic organisms positive to Gram's method.
6. Name the most frequent causal organism in: (a) Appendicitis, (b) Acute Cystitis.
7. Name three anærobic bacteria.
(b). Describe a method of cultivating anærobins.
8. Define: (a) Leucomain. (b) Pleomorphous. (c) Agglutin. (d) Alexin. (e) Phlogistic.
9. Examination of two slides.
10. Examination of two slides.

PATHOLOGY.

1. Discuss the etiology of thrombosis.
2. What is the mocroscopic appearance of the liver in hypertrophic cirrhosis?
3. In normal feces, what is the percentage of bacteria (dry, by weight)? How does it vary in constipation, diarrhœa?
4. Name the diseases, the diagnosis of which may be made entirely by blood smears, blood culture, blood count, and serum reaction.
5. What is the microscopic character of the blood in Banti's disease? What are the gross post-mortem findings?
6. Describe the mechanism of jaundice due to obstruction of the extra-hepatic bile ducts.
7. Secondary to tonsillar infections, what diseases or pathologic lesions may result?
8. In what different ways may arteriosclerosis cause death?
9 and 10. The diagnosis of pathologic specimens under the microscope.

PHYSIOLOGY.

1. Define and give illustrations of (a) autolysis, (b) plasmolysis.
2. Give the probable location of the chief motor areas of the cerebral cortex.
3. Describe the distribution and function of the spinal-accessory nerve.

4. (a) Where are the trophic centres of the skeletal museles? (b) Where is the parturition centre?

5. Deseribe the blindness ensuing from a destructive lesion of the right optic tract.

6. Deseribe the innervation of the respiratory movements.

7. Explain the movements of the large intestine.

8. (a) What is the function of the portal system of veins? (b) Mention the principal branches. (c) How do they differ from other veins?

9. Why are the arteries in a state of emptiness after death?

10. Define: (a) atelectasis, (b) alexins, (c) protozoa, (d) ptyalin, (e) caul, (f) chemotropism, (g) colostrum, (h) catamenia, (i) eupnea, (j) strabismus.

HYGIENE.

1. Define certified milk; inspected milk; Pasteurized milk.

2. How is a sand filter for water constructed and what attention must be given to such a filter?

3. Describe the three large groups into which the different forms of food poisoning may be divided.

4. Discuss the economic loss to the public through insects that carry disease.

5. Name six (6) efficient disinfectants and indicate their application to different purposes.

6. What evidence is there that tuberculosis is a septicemia?

7. Enumerate an efficient and complete plan for the control of tuberculosis.

8. Why is an early diagnosis of syphilis important and what are the methods by which a positive diagnosis can be made?

9. What are the causes of the ordinary "colds" and what can be done to prevent them?

10. What progress has been made with the serum treatment of disease?

GENERAL DIAGNOSIS.

1. Deseribe the Anæmias.

2. Deseribe Duodenal Ulcer.

3. Deseribe Acute Poliomyelitis Anterior.

4. Differentiate Conjunctivitis and Iritis.

5. Desribe Abdominal Pains in the Male and give significance of each.

6. Differentiate Renal and Hepatic Colic.

7. Differentiate Aortic and Mitral Valvular Diseases.

8. Deseribe Raynaud's Disease.

9. What are the causes of Endocarditis?

10. Give early symptoms of Gastric Ulcer.

SURGICAL SUGGESTIONS

"Paracentesis" is a misnomer. The drum should be *slit* from below upwards and near the posterior margin, throughout its entire extent. In withdrawing the knife it may be allowed to cut deeply into the upper canal wall near the drum (internal Wilde's incision).—*American Journal of Surgery.*

Pain in the ear, increased on traction on the auricle, with slight diminution, if any, of hearing, suggests a furunele in the meatus. Introduce the speculum with great eare. The probe will often reveal a point of marked tenderness.—*American Journal of Surgery.*

Don't incise a furuncle of the auditory canal. Tampon the canal with a wick of cotton or gauze saturated with liquor Burowii (acetate of aluminum), resorein-aleohol, or balsam of Peru, and wait until pain has disappeared. Hot applications may be needed. A furuncle pointing and threatening to burst may be opened with a superficial cut. Avoid wiping the pus along the canal, the result is almost inevitably a fresh erop of furuncles.—*American Journal of Surgery.*

If one suspeets acute cholecystitis and on opening the abdomen does not find the gall- bladder enough diseased a warrant further procedure, it is best to anchor the tip of the organ by suturing it to the abdominal wall. If further symptoms are manifested, the gall-bladder can then be opened without anesthesia and a catheter inserted for drainage.—*American Journal of Surgery.*

A persistent sinus after an operation for appendieitis in the majority of eases means that a portion of the appendix has been left behind. It may also mean that an exudate has not broken down or that some foreign body has been left in the wound. One should give the sinus an opportunity to close by itself, but if it does not do so, a prolonged operation is necessary. The walls of the sinus must be earefully exeised, all rents in the serosa of the intestine sewed over and drainage instituted, as there is often eonsiderable oozing from the raw surfaces. First and foremost, the primary eause of the sinus must be found and correeted.—*American Journal of Surgery.*

Persistent, remittent fever after an acute infeetion of the knee joint is usually due to a systemic invasion. Sueh eases are best treated by laying the joint wide open (Mayo operation). —*American Journal of Surgery.*

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MEDICAL LEGISLATION THAT FAILED.

An attempt was made to amend the medical law of California during the last legislative session which failed. Two bills were introduced in the assembly with this object in view; Nos. 939 and 1331. The former bill was presented by Mr. Hinckle and the latter by Mr. Silver. Both bills passed the assembly unanimously, but the sticker was in the senate. As assembly bill No. 1331 had the best prospect of passing, all efforts were concentrated upon it, after it reached the senate.

The amendments which it contained were:

First, Appointing the members of the state Board of Medical Examiners by the Governor. Under the present law recommendations for appointment are made by the various medical societies, from which number selections are made and the Governor signs their commissions. The Board is responsible to no one for its acts neither to the Governor nor to the societies. After a man gets on the Board there is no way to get him off until his term expires except by death or removal from the state. The Board is presumably an administrative body and should be under executive control but it does as it pleases and no one can call it to account. It is believed by many that this anomalous situation was responsible for the scandal of last year, which was caused by unfair methods used in conducting the examinations.

Second, The bill provided that if an applicant for a license passed in a majority of the subjects examined, he could take the examination again without having to pay an additional fee; and was required to be examined only in the failed subjects. The fairness and justice of this provision is apparant on its face and needs no elucidation.

Third, Reciprocity between states was recognized, but the standard of qualification adopted by the different states are so variable and conflicting that the bill, even if it had passed, would have afforded little if any relief. If a physician is fit to practice his profession in one state he should have the right to practice in any state of the Union.

These amendments are so fair and reasonable in their demands that it would seem there could be no one to oppose them. They were opposed, however, and finally defeated by the Clique of paid agents acting for the American Medical Association, an organization outside the state that arrogantly assumes to be censor of the medical profession. It is a soulless monopoly which seeks to control medical education and practice for selfish ends, and is as hard and unrelenting in its methods of cinching the other fellow as it is possible for any trust to be.

As soon as the bill reached the senate it was found that the schemers had a frame up to kill all medical legislation. The bill dragged in committee and would have died there had it not been nursed by its friends. The strong pressure that was brought to bear forced the bill out of committee, but without recommendation. When put to vote in the senate it passed by one majority. A rehearing of the bill was called and, when put on its final passage, was lost by one vote. The bill was thus defeated by only a small margin, but "a miss is as good as a mile" and no change can now be made in the law for two years more, or until the legislature meets again.

The men who were present in Sacramento representing the Allies in a campaign against the medial trust were as follows: Independent Regulars: Drs. C. L. Abbott, C. E. Leithead, A. B. Nelson and G. L. Eaton; Osteopaths: Drs. A. B. Shaw, E. J. Thorn and H. W. Forbes; and Eclectics: Drs. L. A. Perce, W. H. Henderson, C. Mealand, C. L. Murry and J. A. Munk. The Homeopaths were not represented.

J. A. Munk, M.D.

DON'T WORRY OUT LOUD!

Nearly all of us can give advice with singular freedom and fluency. This aptitude should be carefully restrained, for like other habits it grows upon one and the use of it may embarrass

rather than benefit our friends. However we venture upon one suggestion.

Each of our readers will verify the statement that never a week passes without it being said either to him or to another in his presence: "Don't Worry!" Sometimes it seems to us that we have heard this expression more than a million times. Inasmuch as it is on the lips of everybody it must be good advice. And, doubtless it points to a goal worthy of a great effort to attain. However we cannot recall that any one ever has endeavored to show us the way. The advice was usually delivered in a paternal kindly manner in much the same style as one would admonish a little boy not to swear, but with never a suggestion as to the proper method to be followed. For be it known that some of us worry because we have inefficient livers, not from choice, and a method is necessary if deliverance is to be found.

All of us know that the thoughts of the brain are developed by being expressed. Be they good or bad, useful or harmful, each thought is amplified by its expression, and the oftener it is expressed the faster it reaches maturity and produces its influence. Likewise we all know that a thought never expressed is practically a nonentity and that it is likely to die "a bornin." As it is known only to the originator its influence upon others is indeed slight. Should this thought be one which will benefit others or increase their happiness its suppression would be a misfortune, in a sense. But, on the other hand, should it be one with opposite tendencies its suppression would be a blessing to others as well as ourselves. As it is universally held that worry belongs with the last named, and that it is an undesirable condition for the possessor as well as his friends; therefore let it be suppressed. But if we must worry let us not inflict our indisposition upon our friends. They will appreciate it; and furthermore by so doing, eventually the habit will die within us. Don't worry out loud! Try it.

HOW TO KNOW A DEAD BEAT.

A dead beat is a person (male or female) who does not pay his debts, though he could do so. The medical profession suffers most from this gentry, who expect to pay the doctor when, to use an old rural saying, they "thrash their cats." It is true, however that no small proportion of bad bills depend on the physician's own negligence in sending statements, or even himself deferring the settlement of accounts due him.

There are certain classes which we may rightfully regard as good pay only when they put down the cold cash at the time the work is done; for example, negroes, prostitutes and gamblers.

It is well to "keep the eye peeled" for the denizens of down-town blocks and for people who live in squalid quarters in certain sections of each town. Individuals who wear diamonds and board at hotels, those who have undeveloped gold mines, and others who have great expectations of getting money when somebody dies, are all to be regarded with suspicion until they have made good. Native Americans are, to say the least, no better at paying their bills for medical services than are foreigners. The Scandinavians, from Northern Europe, and the Italians, from Southern Europe, are equally honest in this respect. The younger generation are more prone than their elders to disregard pecuniary obligations to medical practitioners, and often need to have it brought home to them that "honesty *is* the best poliey."

The habitual dead beat has a characteristic physiognomy which is rather difficult to describe, just as it is not easy to explain how we can usually distinguish by the facial appearance a boy baby from a girl. No doubt the *facies deadbeatica* is more an habitual expression than a fixed cast of lineament. It is a sort of air of indifferent effrontery, of obnoxious camaraderie —a look of "I'm just as good as you are even if I don't pay my debts."

Almost pathognomonic is the dead beat's recital of his previous medical attendant's mistakes and failings. In the city at least, an office caller who is a stranger and who makes no arrangements for requital of service, may pretty surely be set down as a dead beat. Another very suspicious symptom is his lack of consideration for the doctor and for other patients. When you are sent for by night or day to come immediately (if not sooner) to a case which is not an actual emergency, you will have reason to conclude that those who call you in haste will likely pay you at leisure.

Just as we have tests for albuminuria and for arsenic, there are likewise ways of quickly proving a dead beat to be what he is. If a bill sent on the first of the month meets with no response, and there is still a negative reaction when the account is given to the collector at the beginning of the next month, the financial character of the patient is fairly well established. Mitigating circumstances may be present, of course, which will lead us to send our statements at quarterly or, rarely, yearly intervals. Most of us, moreover, are naturally inclined to carry along, for the sake of old times, those who have once been good pay, but who, from misfortune or lack of energy, have not kept up with the procession in earning a full and honest living.

It would seem hardly necessary to call attention to the fallacy of continuing to treat those individuals who have shown themselves to be confirmed dead beats. They rob us of our

time, our strength, our money (carefare, medicines, dressings, etc.). and, worst of all, our reputation, for by some eurious torsion of conscience the man who owes you, without paying, often endeavors to eonvince himself and others that you have done him no good or have done him injury. Emergencies occasionally arise when the nearest doctor, for the sake of humanity, will attend a fellow being, no matter how worthless the latter is known to be. Much so-called charity (involuntary), however, is performed by the physieian or surgeon in order that another doctor may not get a wedge into his practiee, whereas he should rejoiee to be relieved of such patients, who are in every way unsatisfactory. Charity begins at home, and if the general practitioner has no more than a fair practice, it is not injustiee to good pay patients to neglect them and hurry over their examination and eonsideration in order to carry on the cheap and superfieial drudgery of clinics and hospital wards.—*Ed. Denver Medical Times.*

SOCIETY CALENDAR.

National Ecleetie Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Ecletic Medical Society was held on Tuesday, April sixth, at the office of Dr. Solomon, 308 Wilcox Building.

In the absence of the President, Dr. E. R. Harvey presided. The attendance was not as large as usual but those present enjoyed the interesting paper on "Asthma" which was read by Dr. Solomon. Afterward the various members related their personal experience in the treatment of this troublesome ailment.

The May meeting will not be held owing to the annual meeting of the Southern California Eclectic Medical Association which meets at the regular time of the County Society. The next meeting will be on June 1st, 1909, at Dr. Solomon's office, at which time Dr. Finch will read a paper.

DR. L. A. PERCE, President.
DR. P. M. WELBOURN, Secretary.

PROGRAM OF SOUTHERN CALIFORNIA ECLECTIC MEDICAL SOCIETY.

Long Beach, Tuesday, May 4, 1909.

President's Address ..... E. R. Harvey, M.D.
Brain Compression and Concussion.. B. Roswell Hubbard, M.D.
Albuminuria of Pregnancy (clinical case).. A. J. Cranee, M.D.
Alcoholics ..... Q. A. R. Holton, M.D.
The Future of the Medical College..... J. A. Munk, M.D.
Diagnosis ..... L. A. Perce, M.D.
Abdominal Palpation ..... O. C. Welbourn, M.D.
The Position of Eclecticism..... G. W. Finch, M.D.
Electro Diagnosis ..... A. O. Conrad, M.D.
Scarlet Fever ..... A. P. Baird, M.D.
The Ear and its Anatomical Structure and Treatment.....
..... J. C. Solomon, M.D.
Is Calomel Ever a Remedy? ..... O. S. Laws, M.D.

STATE SOCIETY NOTICE.

The next meeting of the Eclectic Medical Society of the State of California will be held in San Francisco, May 25-26-27, 1909, at which time all Eclectics in California should be present and lend their support.

Changes are occurring daily in medical circles, and the medical men of today should attend their State Societies to keep in touch with medical legislation and progress. Never in the history of the world was united effort and organization so necessary to the welfare and wellbeing of any association or society as it is today.

More than ever before we must build foundations broad and firm. As the future health of the human race depends upon the principles we teach and the foundations we lay, therefore let us combine our counsel with harmonious and united action. To do this there must be a more acute realization of our duty. "Duty" is the basic principle underlying the action and controlling the statute of the man of medicine. It strikes more

nearly the key, it responds more nearly to the chord of man's honest endeavor to assist his fellowman, than any other element which enters into his nature. This simple desire to better our fellowmen, if carried into united action, and applied to humanity, would be of more benefit to the world than all the works of Napoleon.

If for any reason you have not received a notice of this meeting, please communicate with the secretary at once. If those who have received notices, will return the enclosed postcard as early as convenient, it will facilitate the arrangements and details of the meeting.

The meeting will be held in the Stewart Hotel, Geary street, above Union Square and convene at 10 a.m., Tuesday, May 25th, 1909. Transfer to Powell street, get off at Geary.

J. Park Dougall, M.D., Secretary.

NATIONAL BULLETIN FOR MAY.

The time for the annual meeting of the National draws near. It is an important period in the history of Eclecticism. Allopaths, through the A. M. A., are using every means to eliminate every liberal system of medicine. They move for the annihilation of both college and school, one and all. More than ever do we now need the advice and active co-operation of our best counsellors. We must unite our energies to meet the methods of a mighty organization, determined to crush all outside their fold. Changes in the policies and methods of our National Association are necessary to meet changed and changing conditions. We must meet the issues, bury dissensions if any arise, and with a house in order face the future.

There are 7,000 Eclectics, over 2,300 of whom belong to the various State societies. *Every one* of these should belong to the *National*, for the good of our cause, and for their own professional life and standing.

Every State society meeting in May should put itself on record for the new per capita tax of the National. Vote for the movement. For only *Two Dollars* per year, in addition to the State dues, each member will become a member of the National.

Then go to Chicago June 15-18, and help those who are working for the preservation of American medicine and medical liberty. If you have not promised a paper to any Section of the National, send us the title of a volunteer article, on some subject of interest, for publication in the program to be published about May 15. This will be mailed to every Eclectic in the United States.

Do what you can, and do it *now*. Address,

JOHN K. SCUDDER, M.D., *President*,
1009 Plum Street, Cincinnati, O.

WM. P. BEST, M.D., *Secretary*,
2218 E. Tenth Street, Indianapolis, Ind.

NEWS ITEMS.

Dr. W. W. Maple announces his removal to 511 Fleming Bldg., April 7th, 1909. Des Moines, Iowa.

Dr. Hooper, Santa Barbara is in the city and has been quite ill.

Dr. J. S. Hayes, formerly a resident of Denver, has moved to this city and will practice his profession here.

The Eclectic Medical Society of the State of California will meet in San Francisco on May 25-26-27.

Dr. H. Scott Turner who has been recuperating at Bundy's Hot Springs, Elsinore, has returned to Pomona, entirely recovered in health.

There was a meeting of the faculty of the California Eclectic Medical College at the office of the dean on April 20th.

There will be no meeting of the Los Angeles County Eclectic Medical Society in May, owing to the Annual Meeting of the Southern California Eclectic Medical Association which will be held in Long Beach on May 4th.

Another consignment of native wild plants for the college botanical garden has been received from Prof. H. W. Felter, of Cincinnati. All such botanical contributions are very thankfully received and used to the best advantage.

Dr. Munk's article on a trip to Arizona which appeared in the March Journal was copied in full in the Arizona Republican.

Dr. J. P. Dice and wife of Xenia, Ohio, are visiting at the home of their son Dr. S. D. Dice in Hollywood.

Dr. J. F. Hubert, Chicago, spent a few days in the city recently. He was enroute to Santa Cruz on business.

Dr. U. C. Coe, Bend, Oregon, stopped in the city for one day during last month. The doctor was on his way East for post graduate work.

MEDICAL PROGRESS.

The following resolution was presented and adopted at the meeting of the California State Board of Medical Examiners, April 7th, 1909:

RESOLVED, That students and graduates of Osteopathic

Colleges whose requirements are, in the opinion of this Board, in no particular less than those of the A.A.M.C. at the given time, shall be granted as many years credit as they attended those colleges; provided they have met the preliminary educational requirements of said Association.

BOOK REVIEWS.

Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service of the United States for the fiscal year 1908. Washington Government Printing Office. 1909.

SEVEN HUNDRED SURGICAL SUGGESTIONS. PRACTICAL BREVITIES IN SURGICAL DIAGNOSIS AND TREATMENT. By WALTER M. BRICKNER, M.D., and a staff of collaborators. Third Series, 153 pages; cloth, $1.00. Ooze leather, $2.25. Surgery Publishing Company, N. Y.

"From a little booklet of 250 'Suggestions' published in 1906, this volume has now grown to 700, and is literally 'chock full' of useful morsels of surgical information, served in terse, epigrammatic paragraphs that hit the eye and stick to the memory. The continued favor with which this book is received is good evidence of its value. Three editions in two years, each better and larger than its predecessor, is 'going some.'"

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE. By ALIDA FRANCES PATTEE. Fifth edition. 300 pages. Price $1.00 net. By mail $1.10. A. F. Pattee, Publisher, 134 So. 1st Ave., Mt. Vernon, N. Y.

"This is one of the most practical and comprehensive books on diet that it has been our privilege to review. The preparation and administration of liquid, semi-liquid and solid food is graphically presented with an array of formulas that will suit the most fastidious palate. * * * It also contains diet lists in various diseases and for infants and children as advised by leading physicians and as used in our largest hospitals. It is in all a book that is invaluable to the physician, student or nurse."

The Modern Medicine Publishing Co. announce for early publication a work on Phototherapy entitled LIGHT THERAPEUTICS, *a Practical Manual: Physics, Physiologic Effects, Technique, Therapeutics, Clinical Applications,* by Dr. J. H. Kellogg, Superintendent of the Battle Creek Sanitarium.

The California Eclectic Medical Journal

Vol. II JUNE, 1909 No. 6

Original Contributions

PRESIDENT'S ADDRESS.

E. R. Harvey, M.D., Long Beach, Cal.

Read before the Southern California Eclectic Medical Association.

There seems to be an unwritten rule or law which requires that the outgoing President shall deliver an address, hence in so doing I wish first of all to extend to you all a most cordial welcome to our beautiful seaside city, and hope this brief respite from the duties of your profession will fill you with renewed energy for the morrow's labor. The duties of the physician are various and often times arduous, and were it not for occasions such as this, when business cares can be laid aside for a time, our physical being relaxed, and our armamentarium improved by interchange of ideas, the practise of the art would soon become an irksome calling.

Not only are these meetings a necessity as a matter of recreation, but if the cause of Eclecticism is to flourish all must lend a helping hand, and each contribute what he can to the general cause. Trivial excuses should not deter from attending meetings, and a little help from each will not make the work of a few difficult to perform, but in this, as in all other organizations, the workers are comparatively few, but they are always ready to respond to any call furthering the cause for which they are organized. They are not only busy practitioners but willing workers, and had it not been for such as these in our county, state and national associations in the past, the fabric of Eclecticism would have crumbled long ago, and the works of the fathers of our society are here today. They have always been present. Such as these have written our textbooks, organized our colleges, and evolved the system of therapeutics, which has stood the test of time. A rational system based on sound reasoning, and when associated with a correct diagnosis assures results to be excelled by no other system. Specific medication does not simply mean the prescribing of remedies for superficial symptoms nor was that the idea taught by the originators of the system.

The pathological condition as indicated by the symptoms should never be for a moment forgotten, and he who can most correctly estimate the extent and nature of the pathological change and knows best the action of remedies, is the most successful therapeuticist. Prescribing remedies for a group of symptoms leaving out of mind entirely the primary or underlying cause has no place in the mind of a thoughtful practician. Gelsemin may be indicated by restlessness, a flushed face, bright eye, contracted pupil, etc., and in certain disturbances of the nervous system is an invaluable remedy, but how often do we see such a symptom group following the ingestion of indigestible food, or due to the retention of effete material within the alimentary tract, etc. What good could result from prescribing gelsemin to such a case, without going further and determining what contitions are causing the disturbance? The cause having been determined in this particular case would the remedy then be gelsemin?

Eclecticism can boast of a materia medica surpassed by no other school of medicine. She has done her share of research work along this line, but has not pathology and diagnosis been considered in the past of too little importance? Our prospects have never looked brighter, not only in Southern California, but throughout the United States. It only remains for us to continue loyal to the cause, and growth in strength and influence is assured.

OSTEOPATHY, WHAT IS IT?

W. B. Church, M.D., Cincinnati, Ohio.

Dr. Lawrence's article with the above title in the April Journal vouchsafes enough information to arouse a desire for more.

Almost the sole information I have been able to gain from the Osteopaths I have met, is that "Osteopathy is not massage." This has always been said emphatically, as if combatting a common prejudice. They have assured me too that they made no pretension to a knowledge of anatomy, diagnosis, physiology, bacteriology, chemistry, etc. If Dr. Lawrence is authorized to speak for them we must conclude that at least as fostered by the climate of California, it has expanded until it is, "Therefore a system of therapeutics embracing a study and application of Anatomy, Physiology, Pathology, Bacteriology, Chemistry, Hygiene, Gynecology, Obstetrics and Dietetics, including a thorough knowledge of Physical Diagnosis, and the correction of Anatomical lesions, and adjustment of

organs and tissues." The force of "Therefore" is not quite apparent, nor is it clear just what is meant by the adjustment of organs and tissues, but sincerely trying to supply what seems left to inference we conclude an osteopath is one who has studied most of the branches of medicine except materia medica (nothing is said about surgery). To "illustrate," two cases are reported. In each there was a lesion of the atlas. Just what a lesion of the atlas may be does not appear; but probably it was nothing serious, for it was "corrected in one treatment." In ordinary parlance a lesion is a hurt, the word is derived from the latin "laedere," to wound. If the atlas was hurt or wounded, how was it corrected in one treatment?

It must be that osteopaths use the term lesion in a peculiar sense. They find them where common doctors would never suspect them to be lurking, and they always speak of correcting them as one would correct a disobedient child. It is not apparent what case number two illustrates, for here the astigmatism was not due to a lesion of the atlas; which is accordingly left uncorrected. How, since the lesion in this case is not the cause, could the correction of it have saved her years of suffering? Will Dr. Lawrence therefore kindly publish another paper elucidating the real nature of a lesion in the osteopathic acceptance of it, how it is found on examination, and incidentally enlighten us on the modus operandi of correcting one? If he will do this in terms we can understand he will gratify many inquiring minds, and go far towards settling a long-vexed question.

THERAPEUTICS OF THUJA.

By E. Mather, M.D., Ph. D., L.L.D., Detroit, Mich.

Member of the Michigan State Eclectic Medical and Surgical Society, of the Royal Institute Public Health (Eng.) Royal Society of Arts, (Eng).

In the practice of medicine we have many remedies for each disease; but, after years, we have one remedy for many diseases.

Here is one remedy found most useful for many diseases—Thuja. It is not a new remedy, for the record of its use extends over two hundred years. And to the new schools, brethren, we are indebted for much we know of its virtue.

Their experiments have proven it to be slightly anodyne, stimulant, antiseptic, alterative, astringent, also tannic, having its principal action on the skin, mucous membranes and generative organs.

I have applied fluid extract of Thuja upon cotton, wool and had good effects, dried up gangrenous tissue, neither hemorrhage nor other discharge occurring.

In all cases of this disease we find the stench is exceedingly offensive, and the effect of Thuja in allaying it is a great point in its favor. Any medical man who has had the experience with senile gangrene knows how difficult we find it to keep down the horrible odor from the same.

Thymol, Chloride of Soda, Acet. of Alumnium, Bromo Chloral and Boroglyceride, Carbolic Acid, Jadozone, etc. are all used in such cases, and greatly assist in destroying the germs and partially stopping the fetid odors from the gangrene, but these remedies cannot do the same in my hands, so effectually as Thuja. For the above-named affection I have found it one of the best antiseptics.

Therefore, you will see from the above that Thuja will be useful in many cutaneous affections, particularly in eczema—more especially in the dry variety. Now in pruritis, whether anal or vulvar, when accompanied by fissures of the skin, it will be found very useful and curative. And you will not be disappointed by its use in epithelioma of the face, and on warts, tumors and excresences.

For uterine cancer it is useful when applied locally, and its action in such cases is perfectly harmless. I have used it both locally and internally in ozena, and nothing that I know of can equal it in alleviating the fetor of this disgusting nasal affection.

For chapped and rough hands, so troublesome in the fall and spring of the year. It will be found very valuable in all mucous patches or ulcerations of the throat, whether syphilitic or diphtheritic. Thuja will be found useful in nasal, vaginal, rectal, urethral or bladder irritations; in trachoma and conjunctivitis it will remove the granulations and subdue the inflammations.

You may at some time have a patient present himself with balanitis or abrasions or excoriations on the head of the penis, or around the corona glandis. Make a few applications of Thuja; it will greatly relieve him and please you. You will find in soft chancres a mass of ointment of Thuja will be sufficient. Now in catarrhal ulcerations of the uterine neck a teaspoonful of Thuja and a little glycerine will rapidly cure.

Thuja, if given internally in proper doses, arrests passive hemorrhages, and it will cure enuresis of children and check the dribbling of the aged when not of paretic origin. It's the remedy in vesical irritations, especially in aged women; in amenorrhea from pelvic atony, it must not be forgotten. In

anal fissures and prolapsed rectum of children, either applied locally or used with the hypodermic syringe, a cure may be anticipated.

Thuja can be relied on in all diseases of bad blood, with warty excrescences or ulcerations showing promises of papilla, either of cutaneous or mucous surfaces. Thuja has been used in malaria, rheumatism and worms.

Thuja should be thonght of in leucorrhea and gonorrhea and all discharges of the mucous surfaces.

To obtain the full benefits in its use much depends on the mode of its administration. It should be given in small doses, frequently repeated, and effects of course closely watched.

As a local application it can be used diluted one to four parts, or one to two, or in equal parts. I frequently use it in full strength.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

Ovid S. Laws, M.D., Los Angeles, Cal.

All the world seems to be getting awake to the fact that Southern California is a great natural sanatorium.

Before taking up an examination of the exotic flora of our region it seems proper to speak of our other resources. Everything seems to be here that "mortals here below" can ask for, to give health and happiness. Climate and scenery in great variety can be found to suit the needs of invalids of all classes. Just these alone, properly used, restore some far gone cases to a good degree of health. Although our climate cannot be beat in the world, it needs to be understood and used with discretion. Some people so completely ignore this fact that they lose their lives by it. Our climate is a double one, a day climate and a night climate, and if people whether well or sick would only recognize this difference and use them accordingly, many a life would be saved. Extra wraps for night air and a complete avoidance of rain are indispensable and should not be forgotten even by well people.

The Great Architect of our sanatorium expects that the people will act with discretion in the use of his gifts.

The invalid should take sun baths during the day and before the sun goes down should retire to bed and cover with blankets that have been in the sun and carried in while yet hot from the sun's rays. I am aware that many people come here for health and enter into sight-seeing by day and night and soon grow worse instead of better and then abuse the climate. Doubtless many are not properly instructed in advance, but

some pay no attention to advice on these matters and utterly fail to be benefitted. In vain may a woman treat nose and throat diseases if she persists in going out at night without suitable wraps to protect her from the chill of the night air. Invalids with throat and lung troubles should avoid spraying lawns and shrubbery even in the sunshine and especially early in the morning and after sundown. Some people try to keep the air full of spray, and everything wet on the place, then wonder why they are always hoarse and have bad colds. I have had such people remark to me that "California climate is awful bad to make people hoarse." But it does no good to try to reason with them in some cases.

How about sleeping out of doors to cure consumption? I do not fall into that plan. I would not try such a course nor recommend it to a patient as long as a well-ventilated room can be had. It seems to me that comfort and freedom from extremes of temperature can always be better regulated in the home and, I would not advise far-gone people to leave such a home, no matter where, to come to Southern California to be thrown among strangers. Home and friends count more than any change of climate among strangers for those that need a nurse and physician. Home sickness is a very depressing kind of sickness, and counteracts all the good effects of our climate in some cases. When an invalid can find here friends that can provide all the elements of a home and contentment with them he will surely be in a most favorable situation, for this, if not the "Buelah Land" that we used to sing about, is surely the next door to it, and the poor sufferers who should always be prepared for whatever may happen, will not have far to go to reach the pearly gates of the real "Beulah Land."

THE EAR—ITS ANATOMICAL AND PHYSIOLOGICAL STRUCTURE AND TREATMENT.

J. C. Solomon, M. D.

Read before the Southern California Eclectic Medical Association.

In order to understand the anatomy and physiology of the ear in a somewhat satisfactory manner, I deem it necessary to make it as easy and clear as possible.

The organ of hearing consists of two main portions, located mostly within the temporal bone:

The sound conduction apparatus, and the sound perception apparatus.

The conduction apparatus is composed of the external ear, the external auditory meatus, the middle ear, drumhead, tympanic cavity, ear ossicles, Eustachian tube, and the mastoid process.

The perception apparatus is composed of the internal ear (Labyrinth), the auditory nerve, and the central nervous organs.

In the first and second year the mastoid process is always compact. The squamosa mastoid suture is always plain up to the second year, the length of the drum membrane is not more than a breath up to the fourth month. In all periods of the four walls of the external meatus, the lower one is always the longest, then comes the anterior, the posterior and the upper, which is the shortest. The dimensions of the ossicles in the child are the same as in the adult.

In the new-born, the lower wall of the external auditory canal does not form an angle with the drum membrane until the third month of life. The range of hearing in adults under fifty-five years of age is 48,000 vibrations per second. Anything which disturbs the normal tension of the drum head and ossicular chain, will diminish or abolish the hearing.

Hearing by bone conduction is one-half as long as hearing by air conduction.

The function of the auricle is to collect the sound waves and carry them to the membrane tympany. After the sound waves have reached the drumhead through the external auditory canal, they are transmitted by the chain of ossicles to the fluid of the labyrinth, the ossicles probably vibrating as whole bodies; from the nerve filaments, the sensation called sounds, are conveyed through the auditory nerve to the brain center.

By means of the Eustachian tube, air is allowed to enter the middle ear. When constriction of the Eustachian tube takes place, so that the air does not enter, except with difficulty, the result is, the drum head and ossicles are forced inward, and congestion of the middle ear takes place, resulting in deafness, if not relieved.

Proceeding now to the consideration of the disease itself, that which you most likely will come in contact with is acute Otitis Media.

An acute middle ear affection is generally caused by the introduction of some Pathogenic germ, which mostly gains entrance either through the external auditory meatus, or through the Eustachian tube; we may frequently have an acute catarrhal inflammation of the middle ear, which may run its course without producing suppuration.

It should also be remembered, in considering the Pathology of the condition, that an acute catarrhal otitis, in which the infected germ is of low vitality, or in which the bacteria are only present in small number, may easily be transformed into acute suppuration, Otitis Media, involving the upper portion of the tympanic cavity, unless proper measures are taken to prevent it. No physical examination in infancy in which other definite signs sufficient to account for the symptoms are not found, should be complete without an examination of the ear. Many mistakes would be avoided if they were examined, even when signs of other symptoms are present.

Many people, yes, even physicians, seem to think that inflammation of the middle ear is always associated with earache. They do not consider the ears at all. This view is certainly not justified. Many infants with acute inflammation of the middle ear, show no signs of pain at any time, and many others who evidently have pain somewhere, show nothing by their action, which will direct the physician to the ear.

It is a common expression, that putting the hand to the ear means earache. It sometimes does, but very often does not. All sick babies are very likely to wave their arms about, grab at their ears, and pull their hair. Apparent tenderness over the mastoid cells is another unreliable guide. In acute inflammation of the middle ear, tenderness over the mastoid is usually present, and on the other hand, most sick babies will cry if firm pressure is made on any part of their body.

The only satisfactory way to find out whether there is any inflammation of the middle ear, is to examine the ear with a speculum. All other examinations are incomplete and misleading. The examination of an infant's ear requires considerable experience. Acute inflammation of the middle ear is usually, but not always, associated with fever. It causes many reflex symptoms, which are sometimes quite severe, convulsions not being uncommon.

The reflex symptoms very often are taken for some other trouble, and therefore direct the attention to some other part of the body. Meningitis, pneumonia, gastritis, worms, dentition, measles, and in fact almost every other disease but the right one is suspected.

Inflammation of the middle ear may develop in any of the diseases of infancy, as well as in those of the respiratory tract. They are especially common in condition of Malnutrition.

The treatment in children of acute earache depends largely upon the condition present. Heat, however, either dry or wet, is very acceptable and beneficial. If, on examination, the drum shows clearly no formation of pus, the canal should be

irrigated with hot sterile water, at half-hour intervals, but if the tympanic membrane is bulging, or otherwise giving evidence of the presence of pus in the cavity, and the discharge has not commenced, a free incision should be made under strict aseptic surroundings, and local bleeding by means of leeches. Free purgatives should not be overlooked, as well as the proper internal medication. Attempts to prolong or abort suppuration of the mastoid cells are to be condemned. Early operation in mastoid suppuration prevents the more serious complication, and gives far better results.

The responsibility for preventive treatment must be largely assumed by the family physician.

He should fully appreciate the importance when caring for grippe or other infectious intra-nasal conditions, and also at the early stage the complete removal of diseased adenoid tissues.

In acute mastoiditis, in infection of the mastoid process occurs after an acute otitis media, particularly if patient is suffering from syphilis, tubercuIosis, diabetis, or weakened by grippe, scarlet fever, or diphtheria, one of the commonest course is the retention of pus, owing to insufficient drainage from the auditory canal.

The pain in the ear is very severe, even if we have a free discharge. Temperature from below normal may rise to 104 F. Chills may be present or absent; in severe forms pain may radiate from the ear over the side of the head, back to the occiput, and to the frontal region. Treatment in the early stage should consist of the application of ice bag, leeches and irrigation of the ear.

The classes of sub-acute cases of mastoiditis, comprises many, which have been watched and treated through the first week or longer, in which the severity of the symptoms did not seem to justify immediate operation.

The pain is of a rather different nature. It is not so often, and may be intermittent, in spite of some fever. The patient feels pretty well and entertains no thoughts of relapse, nevertheless, the recurrence of pain during the attack is very intense, and shows a great deal of tenderness over the mastoid antrum.

During the attack of pain, the face shows symptoms of physical and mental suffering. Between the attacks, which may be absent for hours—sometimes days—the patient looks bright and cheerful, and very often states that pain is almost gone, with the exception of having sleepless nights, due to feelings of soreness of the head.

The temperature is intermittent, in most cases, there is less prostration than during the onset of the disease, and almost any measure will control the pain.

In this stage for a time, the abstraction of blood by means of leeches, ice bags, or in some, dry heat is very acceptable. All opiates, at this stage should be avoided. The history of the patient, general appearance, and particularly a study of his temperature for the preceding days, will no doubt lead to a determination for or against operation.

Chronic mastoiditis, or chronic suppuration of the middle ear, always involves the mucous membrane of the mastoid process. It looks pale red and swollen.

The granulation tissues with which the mastoid cells are filled, may become fibrous, or even undergo ossification, even in uncomplicated chronic suppuration, where the perforation in the drumhead is usually found near the center, pus is almost always found in the antrum.

From the antrum the pus may be carried to the cranial cavity. The soft parts of the surface of the mastoid process are not so apt to be diseased as in acute cases. Diseases of the antrum are usually accompanied with disease of the tympanic cavity, and ossicles.

The danger of fatal termination is by the retention of pus (Exostosis) of the auditory canal.

Chronic diseases in the bone of the mastoid process in individuals who have suffered from suppuration in the ears for many years, may run its course without giving rise to symptoms. Sometimes the aural discharge is very profuse; there is a great destruction of the drum head. The malleus and incus are destroyed as a rule. There is no pain, unless pus retention occurs, which will manifest itself in tenderness of the mastoid process, while the process of Oste-sclerosis is going on, the patient will complain of having neuralgia.

If the bone is diseased, and the general condition of the patient is impaired, and the discharge (otorrhea) stops, with rise of temperature, pain or pressure, with symptoms such as intercranial complication, as: Headache, vertigo, vomiting, hyperemia of the optic nerve, tinitius aurium, and sudden deafness, the radical operation is indicated. The object of the radical operation is to expose the antrum and tympanum, so as to remove the posterior bony wall of the auditory canal.

After the operation, the patient should be kept in bed, under strict aseptic surrounding, and if the patient has been free from fever for a week or so, no intereranial complication or septic condition need be feared.

The wound heals by first intention if the asepsis has been perfect, and the sutures may be removed during the process of healing in the bone cavity.

The walls first become covered by granulation tissue, and later covered by flaps of skin derived from the auditory canal. The auditory canal and the cavity in the bone must remain exposed during the after treatment as they were during the operation, because if any pockets should form, the pus will be retained and may lead to fresh disease of the bone.

Under favorable condition, recovery will be from one to two months.

ASCLEPIAS TUBEROSA.

W. Leming, M.D., Lexington, Kentucky.

The study of this drug by "The Eclectic League for Drug Research" suggests the following as its field of action:

Irritative or inflammatory states of the skin and lining membranes, associated with dryness or febrile action, and lack of elimination; or with exudation, pain and other evidences of a disturbed capillary circulation.

The diseases in which it is most often useful are pneumonia, pleurisy, enteritis and acute general febrile condition. It is a mild, kindly remedy but enhances the action of almost any drug indicated in acute febrile diseases, such drugs as Aconite, Gelseminm, Drosera, Ipecac, etc. It undoubtedly controls capillary congestion with irritation and exudation; and as an eliminant through its power of equalizing the circulation, its action is undisputable. Such action upon the skin, kidneys, bowls and upon all the eliminating organs, is well known. E. D. Jones, M.D., of New Jersey, considers it without a rival in intercostal rheumatism, while J. A. Farabough, M.D., of Kentucky, has used it combined in the first stages of pneumonia, for thirty years, with excellent results. Dr. Waddington, Detroit, calls especial attention to its use in the urinary suppression following scarlet fever, and mentions scanty, high-colored urine as a specific indication for its employment.

It has seemed in two cases of chronic Nephritis to have removed all traces of albumen; in one case especially, reducing the specific gravity of the urine from 1032 to 1020, normal, at the same time removing the signs which primarily led to its employment, viz.: emaciation, dry skin, with an almost imperceptible persistently itching eruption. Both patients made great gain. Where a soother and healer to a membrane is needed, it should be studied.

EMPYEMA.

By E. H. Stevenson, M.D., Ft. Smith, Ark.

Empyema is pus in the pleural sack. Its formation is, in nine-tenths of the cases, preceded by pneumonia or pleuro-pneumonia, as a result of effusion primarily, although in rare instances pus germs and cells may directly result from parenchymatous inflammatory infection. Almost all cases secondary to pneumonia contain the micrococcus lanceolatus. The staphylococcus and streptococcus are present in the pleurisy of pyemia, or when the disease is the result of a rupturing abscess into the pleural cavity.

The staphylococcus is exceedingly rare in empyema, only occurring in about one case out of twenty. In cases occurring from tuberculosis, its bacillus is not always demonstrable. Its absence should neither confirm nor negate the presence of tuberculosis.

It is not always an easy task to determine the existence of pus in the pleural cavity. Usually after a sufficient period has elapsed, following an attack of pneumonia, for the establishment of complete recovery, the patient reaches the point of appearing almost well, and lingers there for a few days, then manifests a slowly increasing daily temperature, not high but sufficient to suppress the appetite, becoming more fretful and cross, with pallor and that peculiar appearance of skin usually denoting the existence of pus somewhere in the system, called cachexia. Anemia-pallor—with sufficient prostration to usually keep the child in bed. A marked symptom is noticeable in many cases by stripping the body to the hips and having the child sit as nearly erect as possible, when a decided leaning inclination to the affected side, with drooping of shoulder will be decidedly apparent.

Most cases, under four years, and a great majority up to seven or eight years, will be found purulent upon introducing the exploring needle to remove all doubt as to diagnosis. If found to be serous and successful aspiration is performed, the child may recover without further interference.

But if pus be found an ample incision in the seventh intercostal space on the right side, and the eighth on the left at the posterior axillary line should be made under proper aseptic precautions. After the escape of most of the pus, the wound should be held apart in order to facilitate the removal with forceps the coagula of fibrin, which so frequently appear in the cut after incision. Following the discharge of pus and fragments of fibrin until the cavity is made as free from the ac-

cumulation as possible a double soft-rubber drainage tube fenestrated is to be introduced and secured by properly adjusted rubber adhesive strips and sterile safety pins, and a liberal dressing of gauze and cotton applied.

Billie S—, aged 7, had an excruciating attack of left pleuro-pneumonia in September, 1907. After the tenth day improvement was noticeable, and by the fourteenth day was considered convalescent. For two or three weeks he lingered with an annoying rise in temperature at irregular intervals. There was entire absence of cough throughout the attack of pneumonia and convalescent period. A flatness existed both in physical appearance and sound with a distant bronchial respiration over affected area, very much simulating an unresolved pneumonia. Upon removing the clothing, a decided leaning of the chest to the affected side was manifest, with a noticeable droop of left shoulder. After sterilizing an aspirating needle and the point of puncture it was forced through the eighth intercostal space, and a spoonful of pus was removed with a pump in the hands of an assistant. The more general sterilization of chest wall followed and under proper precautions an incision one and one-half inches in length through the eighth intercostal space was made, and a double fenestrated drainage tube inserted well down to the most dependent part of the sack. Two sterilized safety pins were passed through them on a plane with the external surface of the chest wall, which had been previously protected from the pins by a small square of sterile rubber tissue.

The pins were retained in their position by rubber adhesive strips and the remainder of the dressing consisted of fluffed gauze, cotton and bandage. These were changed every twelve hours at first, then daily and finally every second day, as the drainage of pus diminished. The tubes were shortened from day to day for ten days, when a smaller tube was inserted.

At the end of the fourth week the tube was discarded. By the fifth week the wound had healed and recovery was complete. No general anesthetic was used in the operation, cocaine-hypodermatically and ethyl chloride were employed to destroy sensation. No irrigation of any kind was employed in the cavity.

In treating similar cases in children, I have never found resection of a rib necessary. All the cases recovering after incision and drainage.

In my adult cases rib resection has been indispensable to recovery.—Transactions National Eclectic Medical Association.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE COLLEGE WORK.

The recent graduation exercises officially closed the college year. In many respects this year has been an eventful one. To those young men who have completed the prescribed course of study it is a true milestone in their lives. They now have a new master, a discriminating public that bestows its patronage only for conscientious and meritorious service. Believing that they possess these necessary qualifications we bid them God-speed.

To the college the year has been a milestone, also, of somewhat more than average importance. The building which has served it as a home for the past two years is no longer sufficient for the growing classes, and it is pleasant to record that more commodious quarters have been secured. The new location is at 337½ So. Hill street which is but one block from the business center of the city. Its convenience of location is at once apparent. When the necessary alterations have been made in the building the college will have at its disposal some fifteen class and laboratory rooms as well as one large lecture room capable of seating about two hundred persons. This room was used for the recent graduation exercises with a great deal of satisfaction to all concerned. With ample facilities and an enthusiastic faculty a prosperous college year seems assured.

Every Eclectic on the coast should send for an announcement and keep himself informed so that he will be able to point out the way to those who aspire to enter the medical profession.

GOOD ADVICE ON PHARMACY.

[But Eclectics do not need it.]

Real pharmacy has suffered untold damage on account of the "elegance" flap-doodle with which our proprietary brethren have stuffed the physicians of this country for years past.

Nowhere is this more forcibly illustrated than in the case of hundreds, yes, thousands, of ready-made pills and compressed tablets.

Every possible kind of drug, no matter whether liquid, solid, volatile, gaseous, aqueous, alcoholic or oily, is included in this terrible craze for "elegance."

It is high time this nonsense should cease and that the pharmacists take steps to inform themselves what this "elegance" consists of and then convey this information to the physician.

Elegance a Humbug.

Take the case of the official Compound Cathartic Pill; the Pharmacopeia **does not direct** that this pill is to be coated. Why?

Because the authorities putting that formula in the book did not care to take the chance that this pill would become insoluble on account of the coating hardening.

What have most of the proprietary houses put on the market?

A fine looking, "elegant" pill, black, brown, white, pink or green, as suits the fancy, of any shape desired, but always with the object of making the pill "elegant." Why?

For no other reason, naturally, than to sell the pills. Color is entrancing, even in pills, and people love to take good looking, tasteless medicine.

But is there nothing else to be taken into consideration than selling millions of prettily colored pills? From the methods pursued in selling them and from the want of therapeutic results obtained, it appears not.

Elegance Replaces Activity.

Times without number, as almost every pharmacist can substantiate, have coated Compound Cathartic Pills made by some manufacturer, been given in doses of 3, 4 and even 5 and 6 pills, and never a purgative action.

There can only be two reasons for this. Either the ingredients are not present that should be, or the pills are insoluble in the digestive fluids and pass off intact.

For it stands to reason that when a person takes 7½ grains of Compound Extract of Coloeynth, 5½ grains of Calomel, 2 grains of Resin of Jalap and 1½ grains of Gamboge (the contents of six pills), all these drugs being pure and standard, that some purgative action should take place.

And it would, were the pills uncoated and the drugs given a chance to work. Therefore, it is poor policy from a therapeutic standpoint to prescribe "elegant" coated pills.

What is true of Compound Cathartic Pills is true of all pills, and while some pills may be effective and true to formula, the results are too uncertain, and life is too precious to needlessly experiment with.

What should be done is to get physicians back into the habit of prescribing freshly made pills, or to prescribe the powders in capsule form.

This is in harmony with getting back to first principles in medicine; less elegance and more action.

It is a peculiar fact that such physicians as prescribe for the ailment instead of prescribing for beautiful and elegant pharmaceuticals, always obtain better results with their patients.

Good Pharmacy.

By this it is not meant that physicians should prescribe horrid looking and bad tasting mixtures, but the medicine as prescribed should contain its full amount of activity first, with nothing present to hinder its action, and then be made as palatable as possible. That's real, genuine pharmacy.

When one considers that some manufacturing houses will make tablets containing volatile oils, Camphor, Sweet Spirits of Niter, and even chloroform, we must conclude that they will do almost anything to corrupt pharmacy for filthy lucre.—National Association Retail Druggists, Notes, pages 95-6.

HOW TO GROW OLD IN GOOD HEALTH AND HAPPINESS

By John May, Franktown, Canada.

I am 74 and write from experience. No rule of living, no set of rules, would suit all cases or cover all conditions. Vast numbers of people, however, in all callings, but especially in the farm world, will, I trust, find the principles and rules here laid down both sound and practicable. To be still young and happy in heart, mind and body, I would say to the young:

1. Be regular in your habits. As far as possible, do the same thing at the same hour, in the same way, each day. This means monotony but also longevity. The hours for bed, meals, bath, work, rest, recreation, etc., should be fixed and immovable. I hold this to be a prime secret of long life. They tell us that even a watch suffers by irregular windings. Irregular habits mean shocks great or small to the system.

2. Eat slowly. The doctors say that we eat **too much.** I say that we eat **too fast.** Chew your food thoroughly, and drink little or not at all while eating. Gulping, washing down great chunks with liquids, means present dyspepsia, future hypochondria, and a black and sunless world. Eat slowly, and I will risk your eating too much. You **can't**; your appetite is gone first. Don't eat under haste, excitement, or in a whirl of mental or bodily activity. Cool down first and be calm. And don't work mind or body just after eating. Stretch out after dinner for a brief nap. I believe that half the minor ailments, and many of the serious ones, are due to fast eating, under stress and strain. I have seen factory operatives rush back to work, pie in hand, finishing dinner on the street. They were yellow, cadaverous and melancholy. Is this the path to a happy, healthy old age?

3. Breathe pure air. Let in the sunlight and the breeze. Sleep with doors and windows open. Don't fear colds; the people who catch colds are those who box themselves up. You can't get too much oxygen. When out for a walk, clean out your lungs, with long breathings, both in and out. Don't leave a bit of foul air in them.

4. Take regular exercise, if your occupation is indoors. Farmers may omit this; they get enough. The saddle, the oar, the bat, are good; walking is better. Shun the bicycle and the street car. We are in danger of losing the use of our legs, these days. I have doubts as to too strenuous athletics; muscle at expense of heart. Moderation in all things should be the motto of him who would live long and see good days.

5. Amusement and recreation. Use these sparingly. They taste sweeter when infrequent. They are necessary. Always to have "the nose to the grindstone" begets dulness, rust and mildew; it is bad for mind and body. See all the sights you can, hear all the music, laugh all the laughs. A good laugher may be a most serious man. Long faces do not tend to make long lives.

6. Keep a tight rein on your habits. Hold in the horses, if you would not go to early smash. If you must smoke—don't! If you must drink, well—don't! Beware whom you marry. A

nagging wife would curtail Methuselah's age by 900 years. Be pure; impurity rots body and soil. Be calm; excitement wears. Don't fret, don't worry. Worry and fretting will wear out the strongest frame in short order. Don't let the daily little cares and crosses eat into your soul, and, through it into your flesh and bones. They are "the little foxes that spoil the vines." Do your duty with busy hands but a light heart and cheerful countenance; then if things won't go right, why, just let them go wrong. Above all, curb your temper. Each violent explosion of anger means a nail in your coffin, a slice of your life. The house you live in can't stand this dynamite business. The soul kills or keeps alive. It should be kept as calm and unruffled as a lakelet amid the hills. Storms at sea wear away the shores; passions tear down these houses of clay. The mind has great effect. Ignorance does not tend to long life. A well-stored mind does. Mental activity does. Genius does. Cultivate your mind. Thought is as a well-spring of your life to the gross frame. The clodhopper who just works and eats and sleeps would live longer with an intellect awake and doing. Man's immaterial part may greatly help to break up his body, or keep it filled with the sweet sap of life.

7. Don't make pleasures or happiness your grand aim. If you do you will shorten your days to no purpose. You will be like the boy who chased the rainbow for gold. Happiness flees the pursuer. If you would catch her, never make straight at her. You grasp her—she is gone! No, just walk the old, old path of duty, and see how often she will come to you—dropping in when least expected, and just **because** not expected. she comes, not greatly missed if she does not; this is the secret duty is the grand business of your life; that she is welcome if she comes, not greatly missed if she does not this is the secret of happiness. As a young man you will find it so, still more in mid-age, most of all in "the sere and yellow leaf," looking back on a life well spent. And what is duty? Filling to your utmost the niche in God's world that He has set you in. Making Him the supreme object of your love, and your neighbor next. This is the true and only way to have a sound mind in a sound body to the very last. A conscience void of offense to God or man—what a sweetener of existence! What a means to length of days, and a happy old age! Self-worship shortens and cripples life.

8. Lastly, whatever your life's calling has been, stay with it to the last. I have seen busy merchants retire from business to enjoy the evening of life; but, shortly, they die. The whirring wheels too suddenly stopped. Many farmers I have known

to leave the farm in advanced years, and eagerly betake themselves to town, there to enjoy the unwonted luxury of ease. In a brief space they were dead. Abrupt and total cessation of a life's strenuous labors tends to cut life short. If you have been a busy man all your life, keep moderately busy to the end, or while you can, if you would prolong your days. Just keep doing enough to hoodwink Nature, and save the fatal shock of sudden change from a strained activity to sheer idleness. And you will be happier, too. Happiness is wife to activity, and a foe to idleness in old or young. Don't stop short. Don't leap from high strain to total inactivity. Come down gradually with the declining years; but—**keep going.**—Farm Journal.

OBITUARY.

Dr. C. J. Cook, Whittier, died of La Grippe April 25th, after a short illness although he had been in feeble health for many years. He graduated from Bennett Medical College in 1875, and practiced in Iowa until his removal to Whittier, California, in 1888.

At one time during his residence in Iowa he was appointed to a chair in Des Moines Medical College which, however, he was compelled to relinquish on account of poor health and the extra work it entailed. He was also a member of the Iowa legislature at one time.

He came to Whittier in very feeble health but the superior climatic conditions and his native strength sustained him for more than twenty years. He was held in high esteem as a physician by the people of Whittier doing a leading practice until his retirement a few years ago to his orange grove in East Whittier. He was one of the trustees of Whittier College and president of the board of trustees of the High School.

He was always a consistent and loyal Eclectic and universally esteemed for his sterling integrity. He touched many sides of life and always with a helping hand. He was an active and valued member of the Friends Church. Every one who knew him intimately feels a sense of personal loss.

Q. A. R. HOLTON, M.D.

George C. Pitzer, M.D., died May 10th, 1909, at his residence No. 1045 South Union Avenue, Los Angeles, California.

He was born April 23rd, 1835, and died in his seventy-fourth year. Dr. Pitzer first came to Los Angeles in 1900 and remained here about one year when he returned to his former home in St. Louis. Three years later he went to Denver, Colo-

rado, to live, but found that the climate did not agree with him. He then came back to Los Angeles and made this his permanent home.

He suffered for many years from articular rheumatism of the worst type which caused him much pain. His joints became enlarged and stiff which confined him for a long time to his bed and chair. Although greatly afflicted in body, his mind was perfectly clear and active up to the last hour of his life. He was always patient, cheerful and hopeful and enjoyed seeing his friends. During the last six months he was bedfast and very much emaciated. He gradually grew weaker and finally sank into unconsciousness and thus peacefully passed away. He lies buried in Rosedale cemetery.

I became acquainted with Professor Pitzer nearly forty years ago, soon after I moved to Chillicothe, Missouri, and about the time he left Detroit, Illinois, and went to St. Louis, as I remember, in 1873. He helped to organize the American Medical College and was for years its dean and editor of the American Medical Journal. Both enterprises prospered under his leadership and are still doing business. He had a large practice both in Illinois and Missouri and was a money maker as well as a money spender. He was of an active and energetic nature and did with all his might anything he undertook to do. His sincerity, honesty and integrity were never questioned and he endeared himself both to his colleagues and patients and had many warm friends.

He was progressive and always willing to investigate anything new that was offered to the profession and ready to accept what he found to be useful. If he had any weakness it was this spirit to try out new problems with a disposition to shift from one thing to another. Had he stuck strictly to medicine as he taught and practiced it in early life he would have been one of the greatest men in Eclecticism. Frequent changes are apt to dissipate a man's strength. It is right to investigate, but as a rule it is safest to stick to the main issue, and gain strength by adding thereto. After many years of active college and Journal work—he was an able teacher, fluent speaker and forcible writer—he discarded medicine for electricity and devoted himself to Electro Therapeutics. From electricity he drifted into Suggestion and this last method of treating the sick he followed exclusively up to the time of his death.

Personally I admired Dr. Pitzer for his many excellent qualities of head and heart and found him to be a true friend during the many years of our acquaintance. By his death another good man is gone from among us whose place it will be hard to fill.

J. A. MUNK, M.D.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

SOUTHERN CALIFORNIA ECLECTIC MEDICAL ASSOCIATION.

The annual meeting of the Southern California Eclectic Medical Association was called to order by the president, Dr. E. R. Harvey, on May 4th at 10 a.m. at Long Beach as the guests of Doctors Harvey and Perce.

The minutes of the annual meeting held at the California Eclectic Medical College, 846 Lyon St., were read and approved. A very interesting address was then delivered by the president which was well received.

Dr. O. S. Laws read a paper on, "Is Calomel Ever a Remedy?" which as usual was thoroughly discussed by a large number of the members present. Dr. Davis then read a very interesting paper relative to the use of Calomel.

Dr. Q. A. R. Holton of Whittier, California, then read a paper of interest entitled "Alcoholism" which was freely discussed and in particular by Dr. Perce.

The meeting then adjourned to partake of a well prepared lunch at the hotel St. Julian tendered by Drs. Harvey and Perce and reconvened at 1:45 P.M.

Dr. Dougall then presented a demonstration with clinical data on animal therapy.

Dr. A. J. Crance of Pasadena, then presented a paper entitled, "Albuminuria of Pregnancy" which was thoroughly discussed. The next paper was by Dr. B. Roswell Hubbard entitled "Brain Compression," freely discussed. Dr. Perce presented a clinic which was examined by Drs. Hubbard, Welbourn and Crance who reported their diagnosis rather un-

favorable of the patient's condition. Dr. A. O. Conrad also presented plates of an Xray examination of the same patient.

On account of the lateness several papers which should have been read by Drs. Perce, Welbourn, Solomon and Munk were accepted by title and will appear in the California Eclectic Medical Journal.

Nomination for officers for the ensuing term being in order, Dr. Q. A. R. Holton was nominated for president, seconded by Drs. Solomon and Welbourn, and carried. Dr. Solomon then nominated Dr. A. O. Conrad for vice-president, seconded by Dr. Welbourn and carried.

Dr. H. Blanche Bolton of San Pedro was then nominated for secretary by Dr. Welbourn, seconded by Dr. Munk and carried.

Dr. Munk was unanimously elected for treasurer.

The Board of Censors were then elected as follows, Drs. Perce, Solomon and Welbourn.

The meeting then adjourned to be called by the president, Dr. Q. A. R. Holton. A vote of thanks was tendered Drs. Harvey and Perce for their generous hospitality.

Respectfully submitted,

J. C. SOLOMON, M.D., Secretary.

NEWS ITEMS.

We have received a copy of the transactions of the Ohio Eclectic Medical Society.

The Missouri Valley Eclectic Medical Association held its regular session on May 5th at Hotel Baltimore, Kansas City, Mo.

Dr. B. N. Childs, Adin, will move to Alturas about May 1st and would like to have some one to fill the place he is leaving. The doctor has nothing to sell.

The Commencement exercises of the California Eclectic Medical College were held on Friday evening, May 21st.

We have received the announcement of the commencement of the College of Physicians and Sugeons. San Francisco, which was held May 19th.

Dr. Almo De Monco, Denver, who paid Los Angeles a visit recently was so well pleased with our city that he is now making preparations to move here this coming autumn.

Dr. J. A. Munk attended the annual meeting of the California State Eclectic Society in San Francisco on the 25, 26 and 27th of May.

Mrs. McLeod, wife of Dr. Wm. O. McLeod, Santa Ana, is convalescent from her recent operation and has left the Westlake Hospital returning to her home.

Just as we go to press the program of the National Eclectic Medical Association is received. Every one should attend this meeting as it promises to be a very interesting and profitable one.

HOSPITAL TO REMAIN NEAR WESTLAKE PARK.

Superior Court Declares Unconstitutional Ordinance Limiting Square Mile of Territory for Residential Purposes.

The city ordinance, limiting about one square mile of territory in the vicinity of Westlake park for residential purposes only and prohibiting the erection of hospitals or institutions for the feeble minded in that district, was declared to be unconstitutional in a written opinion handed down by Judge Conrey of the superior court yesterday.

The case is one in which the city, through its police powers, sought several months ago to prevent the Westlake hospital from continuing business at 642 South Alvarado street. The matter was appealed, and Judge Conrey in his decision says the ordinance, on its face, is an attempt to put limitations on the citizens in the use of their property, and for the purpose of showing that the city law is discriminatory in its provisions he points to the fact that the boring of oil wells is permitted in districts as purely residential as the area sought to be restricted.—Los Angeles Herald, May 26.

SAN FRANCISCO, May 25.—With fifty members of the profession in attendance and many more expected to arrive tomorrow the thirty-sixth annual meeting of the Eclectic Medical Society of California opened today for a three days' session at the Hotel Stewart.

Dr. J. A. Munk of Los Angeles presided. The morning session was given over to routine work and the afternoon devoted to the reading of papers.

Dr. O. S. Laws of Los Angeles read a paper on "Tuberculosis" which created much discussion. Dr. Laws favored the hygienic treatment of the "white plague" rather than the medical. Dr. V. Millasich of Galveston, Texas, read an interesting paper on "Poison by Stingaree Fish Puncture."—Los Angeles Herald, May 26th.

SACRAMENTO, May 11.—Announcement of the appointment of the following medicos as members of the State Board of Examiners was made by Gov. Gillett today:

Dr. D. L. Tasker of Los Angeles, Dr. W. H. Stiles of San Bernardino, Dr. William Mason of Lodi, Dr. Charles Clark of San Francisco, Dr. Charles L. Tinsdale of Alameda, Dr. J. Henry Barbat, of San Francisco, Dr. W. W. Roblee of Riverside, Dr. Walter Lindley of Los Angeles, Dr. F. R. Burnham of San Diego, Dr. G. F. Reinhardt of Berkeley, Dr. W. W. Vanderburg of San Francisco.—Ex.

NOTICE.

American Medical Editors' Association.

The coming meeting of this Association to be held at the Marlborough-Blenheim Hotel, Atlantic City, June 5th and 7th, celebrates its 40th Anniversary and an unusual program has been prepared for the occasion.

It is expected that delegates from the foreign medical press will be present and every medical editor should make an effort to meet with this society.

READING NOTICES.

When Moments Are Golden.

There are times in the experience of every practitioner when moments are precious—emergencies when there is not an instant to lose. A patient, let us say, is writhing in pain. To alleviate his suffering, the physician must act promptly and with precision. Dependence, in such a crisis, is usually upon a little hypodermatic tablet. And that tablet—will it justify the faith? Is it **medicinally active?** Is it **of full strength.** Is it **soluble?** These become living questions.

Too much stress cannot be laid upon the importance of solubility. And let it be remembered that flying to pieces in water is not the requirement. Many tablets do that—fine, undissolved particles settling to the bottom. This is mere disintegration, not solution and such a tablet cannot be depended upon to yield the results that the practitioner desires and expects.

Obviously, the physician should exercise care in choosing his hypodermatic tablets. Let his source of supplies be a house with a reputation for making tablets that are stable, active and of uniform strength; tablets that **dissolve promptly and completely.** Let him search out a brand of hypodermatic tablets

that meet all the requirements above set forth, and let him **specify that brand!**

The largest manufacturers of hypodermatic tablets in the world are Parke, Davis & Co. The hypodermatic tablets of this house are true to label. They are soluble. The materials entering into them are rigidly tested for purity and activity. Parke, Davis & Co.'s hypodermic tablets are thoroughly trustworthy. Physicians will make no mistake when they specify them on their orders.

INSOMNIA CURED BY DANIEL'S PASSIFLORA INCARNATA.

By Dr. A. E. Neumeister, Professor of Diseases of Women, Kansas City Homoeopathic Med. College.

I have cured many cases of insomnia with Jno. B. Daniel's Concentrated Tincture Passiflora Incarnata where all other remedies had failed. I prescribe it especially in gynecological cases in which we have a reflex disturbance and insomnia is the result of great suffering. I have prescribed it with great success in delirium tremens, spinal irritation of long standing, tobacco habit, and many diseases of the nerves where a nervine is required. The dose of this remedy depends upon the case; for general insomnia which may be due to reflex disturbance, five to ten drop doses every hour at night; for delirium tremens, thirty drops every half hour of the tincture with plenty of water, will have the desired result in course of one or two hours. I have such good results with this remedy that I prescribe and dispense from one to two pints a month. I prescribe more of this drug than any other drug I use in my practice. The purity of the drug is of vital importance.

SUMMER-TIME IS SPRAIN-TIME.

Some wit has said that "Summer-time is sprain-time." Golf, tennis, baseball and the other outdoor sports inaugurate a season of sprains and wrenches, and ankles, knees, wrists, elbows, shoulders, and backs pay the penalty of a missed drive, an overhand smash or a slide to base. The resultant conditions, the stretching or tearing of ligaments, contusion of the synovial membrane and damage to vessels and nerves, are best remedied by the use of Antiphlogistine, which markedly aids in the reconstruction of the injured part.

By removing the products of inflammation, through the absorption of the liquid exudate from the swollen tissues, and by permitting free circulation of blood through the seat of the

injury, Antiphlogistine acts as Nature's first assistant. The affected cells are stimulated and toned up through endosmosis, and the process of repair is greatly hastened.

Antiphlogistine should always be applied directly to the affected area as hot as can be comfortably borne, and covered with absorbent cotton and a bandage.

ANTISEPSIS OF THE INTESTINAL CANAL.

The griping pain and flatulence which accompany bowel and stomach complaints, particularly during the heated term, are so readily overcome and controlled by the timely administration of one or two Antikamnia & Salol Tablets, repeated every two or three hours, that it behooves us to call our readers' attention to the grand efficacy of this well-known remedy in these conditions. The above doses are of course those for adults. Children should be given one-fourth tablet for each five years of their age. When the attack is very severe, or when the disturbance is evidenced at or near the time of the menstrual period, we find it preferable to give two Antikamnia & Codeine Tablets, alternately with the Antikamnia & Salol Tablets. The latter tablets promptly arrest excessive fermentation and have a pronounced sedative effect on the mucous membranes of the bowels and stomach, and will check the various diarrhoeas without any untoward effect.

NEW REMEDIES.

Sodoxylin.

Sodoxylin is one of the latest products of the Abbott Laboratories. It is a combination of remedies which opens up an entirely new field of therapeutic possibilities in medicine. It is an eleminant, antacid and intestinal antiseptic of merit, neutralizing hyperacid conditions of the system, modifying abnormal findings in the intestinal canal, serving as an efficient remedy to neutralize the toxin substances found in the system and to prevent their further production. Extensive literature regarding the remedy itself and the conditions in which it is of most value will be sent by the Abbott Alkaloidal Company, on request to Chicago.

Hypertrophy of the prostate with urinary blockage is a relatively common condition. These patients should be constantly under their physician's observation and advice. They should be warned of the complications and familiarized with the importance of aseptic precautions, and in the use of sanmetto to avaid the establishment of catheter life.

The California Eclectic Medical Journal

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Original Contributions

ECHINACEA AUGUSTIFOLIA.

J. B. Mitchell, M.D., San Francisco, Cal.

Read before the California State Eclectic Medical Society.

In a paper of this nature I shall not attempt to treat the above subject exhaustively, but from a constant use of Echinacea for the past ten years, I have learned a few points not usually mentioned in current articles, or in a treatise upon the therapeutic action of the remedy.

From Ellingwood's valuable work on materia medica and therapeutics I obtain the following scientific data:

Synonyms; Black Sampson; Cone flower, and purple Cone flower.

Part employed; The root.

Natural order; Compositae.

Location; Western United States.

Preparations to be recommended are, specific medicine, fluid extract, and echafolta, a refined standardized product furnished by Lloyd Bros.

The author gives an excellent article upon the remedy as used by the members of our school, laying special stress upon its use in blood poisoning, Typhoid Fever, and Syphilis, but also mentioning many other fields for its exhibition. I would refer all who are interested in the subject to the above mentioned article.

From Dr. George G. Gere I learn that the remedy was known as early as 1868 in and around Pawnee City, Nebraska, where it had previously been used by the Aborigines as a remedy for snake bite and insect sting.

It grows wild, or as a semi-cultivated weed throughout that region, and the whole Middle West.

Its early use by Eclectics was confined to low fevers from whatever cause, the benefits probably being obtained from its tonic and antiseptic properties. Dr. Meyers, of Pawnee City, first placed the remedy prominently before our branch of the profession about 20 years ago, since which time it has enjoyed a constantly increasing field of usefulness.

Soon after its introduction it was investigated by Homeopathic physicians, and has been constantly employed by them principally as an external application since that time, but the remedy still awaits discovery by some influential member of the Old school in order to be ethically placed before that large body of medical practicians, although a few words are occasionally written upon the subject by some of the late authors.

The adult dose of specific echinacea, or echafolta, is 15 minims to 1 drachm, the larger dose being perfectly safe and often required, and as a topical application a 25% aqueous solution of echafolta.

A valuable form of the remedy for topical use, known as Gere's solution, is widely used upon the Pacific Coast, and should be known wherever there is inflammation to be treated. The formula is as follows: One-half of one per cent of Phenol Liquefactum, twenty-five per cent each of Echafolta, and Specific Lobelia, with enough distilled water to make one hundred per cent, apply to any inflamed surface without neglecting other common sense treatment.

My own experience with the remedy covers a period of ten years and although it has usually seemed inadvisable to use any one remedy in all similar conditions to the exclusion of others nearly allied in action, yet I readily make exception in the employment of this drug and most confidently recommend it both internally and externally in any case of active Hyperemia, and shall anticipate no uncertain results.

A brief mention of a few cases might be of interest. A few months ago I treated three cases of carbuncle, very severe, and two of them well advanced before I commenced treating the cases, using the Echafolta solution after thoroughly cleansing with Peroxide of Hydrogen. While there is nothing brilliant about the treatment of carbuncle, yet it is gratifying to know that we have a means of stopping the extension of inflammation, and I feel that the results obtained in the above cases were better than I could have brought about by any other means. Within the last four years I have also treated several cases of furunculosis, also with excellent results, using the remedy both internally and externally. Very naturally no remedy will prevent auto-infection in the careless habits of a patient. Also many cases of so-called blood poisoning, where we invariably obtain most satisfactory results, by half drachm doses of the Echinacea internally, and a 25% solution of Echafolta applied liberally to the affected part. In several of these cases secondary swelling had commenced, where the deep action of the drug was shown, and just here I wish to call par-

ticular attention to the penetrating nature of its action. A secondary swelling which seems too deep for any result other than by surgical interference will yield to a liberal application of the Echafolta solution and its progress will surprise all concerned. In my experience no other remedy seems to permeate the deeper tissues to an equal extent. In four cases of facial erysipelas, the results of its use were equally positive. In these cases I used it externally only, as other internal remedies were so clearly indicated that I did not hesitate to use them, in fact Echinacea will never prevent the use of the indicated remedy, and I feel that where the inflammation is superficial, that is a fairly safe rule to observe, if indeed we may follow any set rule in the use of drugs.

A number of cases of acute Endometritis, two of which I am satisfied were of specific origin, made good recoveries by the use of Peroxide of Hydrogen after carefully dilating the os, and then packing lightly with sterile gauze saturated with Gere's solution. If the remedy will cure Specific Endometritis, it should, properly used, cure the corresponding condition of the male.

Has anyone tried it?

Have also had fair results in the treatment of other inflammation of the female pelvic organs, but believe its field to be principally in acute rather than chronic inflammations.

Am at present using Echinacea in a case of Pyloric Cancer with the effect that all distressing symptoms have disappeared, and no opiates are required, but the size of the tumor gradually increases. Also in a case which I believe to be cancer in the region of the ileocecal valve. In the latter case, the time of its employment has been too short to report results.

I have also had the opportunity of directing the treatment in one case of septicemic form of Bubonic Plague. Externally the disease was manifested by four foci, with evidence of others internally, together with general symptoms. The Echafolta solution was used in this case with other indicated remedies, principally internal antiseptics. Three of the foci yielded nicely to the treatment, but the fourth suppurated, injured a spot of Periosteum, and caused much annoyance. However, I was enabled in this case to prove to my own satisfaction the superiority of this remedy over Ichthyol and Thuja. The patient is now, after the lapse of a year, enjoying excellent health but must wear an elastic bandage on account of resulting varix. I would not hesitate to treat another, or a dozen cases of Bubonic Plague, with Echinacea, but should commence

with it earlier, and therefore expect earlier results from its use.

I also noted favorable results in a case of Cerebro Spinal Meningitis, in which Dr. Gere replaced forty minims of Cerebro Spinal fluid, with an equal quantity of a 12½% solution of Echafolta. My recollection is that the injection was used twice daily; in a severe case I should increase the quantity cautiously to four times that dosage.

Such cases could be multiplied indefinitely, yet I feel that most of us are just commencing to learn something of the remedy. There is no doubt that we should all know many times what we do know of every remedy we are using. It is probable that when we administer any familiar remedy for certain well known effects, it may, and often does, have subtle side effects that we do not observe, but which we ought to study and write upon and discuss with each other until we become so familiar with our materia medica and the therapeutic effects of our remedies that it will banish any future possibility of therapeutic nihilism within our ranks.

ALIMENTARY CANAL, OR LARGE AND SMALL INTESTINES.

Enoch Mather, M.D., L.L.D., Detroit, Mich.

Member of the Michigan State Eclectic Medical and Surgical Society, of the American Eclectic Materia Medica Association, Etc.

Read Before the Los Angeles County Eclectic Medical Society.

The alimentary canal, as it is called, extends from the mouth to the anus, and is therefore one continuous tube, with unequally dilated portions. Its different parts it will be observed have different names, and have specific functions in the animal economy, these divisions, named from above downward in anatomical order are: Mouth, throat, esophagus or meat-pipe, stomach, small intestine, divided into jejunum and ilium (some anatomists include also the duodenum); duodenum or second stomach; large intestine or colon; and lastly the rectum. You will see that various portions of the alimentary canal have the following offices, respectively: The mouth receives the food, and prepares it by mastication and other initial processes for digestion. The throat and the esophagus convey the food to the stomach, where further comminution or grinding occurs, and where digestion and absorption are active. The duodenum receives the alimentary mass as it passes out of the stomach,

and here, as also in the small intestine, digestion and absorption are continued and, indeed, mainly take place. The unappropriated bulk passes on into the colon, where also, absorption occurs to small extent; but here and in the rectum, accumulates the residuum after the absorption is complete.

This indigestible residue from the food, together with certain elements of waste from the body—the product of excretory functions—constitutes the feces. The office of the colon and rectum is to receive and cast out this material by act of defecation.

Now in considering our subject, we have to deal with the anatomy and physiology of the small and the large intestines only. The small intestine is about twenty feet in length, decreases gradually in size from above downward, and is composed of four coats of tissue, which, named from within outward, are as follows:

First. The mucous coat, in which is situated the capillary net-work of blood-vessels, engaged in absorbing certain nutritious elements, and in furnishing blood to the glands which secrete the various digestive juices found in the intestine.

Second. The cellular coat, composed of areolar tissue, which binds together the mucous and muscular layers, and furnishes a nesting-place for the blood vessels before their distribution to the mucous surface.

Third. The muscular coat, consisting of a set of contractile fibres arranged circularly around the intestinal cylinder, and forming a thick, uniform layer, and an external layer of fibres arranged longitudinally, and thinly scattered over the surface of the intestine.

Fourth. An external coat, which is properly a reflection of the peritoneum, a serous membrane lining the abdominal cavity, and reflected to, and over the various organs therein contained.

Into the duodenum, the bile duct conveys the bile from the liver and gall-bladder. It also receives the pancreatic juice as it is brought from the pancreas through the pancreatic duct. These two secretions are very important in the digestive process. The bile bears especial relation to our subject. In the duodenum and other portions of the small intestines, are situated several important sets of glands engaged respectively in their office of secretion of digestive juices, and absorption of nutrient material.

The colon is continuous with the small intestine, though much larger, and it is about five feet in length in the adult.

Its origin, called the head or caecum, is in the abdominal cavity, just above the right groin. From the head it passes upward on the right side, forming what is called the ascending colon; then it turns to the left and lies in relation to the under surface of the liver and stomach, and constitutes the transverse colon. Its course is then downward, you will observe, on the left side, hence called the descending colon, where it terminates in the rectum. Its structure is the same as that of the small intestine, differing only in character and variety of glands, and in the added thickness of its muscular coat, from the increased number of fibres of its external layer.

The rectum is situated in the pelvic cavity, is six to eight inches in length, increases in size from above downward, and just above the anus enlarges to a sort of pouch capable of great dilation.

The nervous supply of the intestinal tract comes from the great pneumogastric nerve of the cerebro-spinal system, and from the solar plexus of the sympathetic system.

You will find the nerve fibres are distributed to the blood-vessels, glands, and muscles of both large and small intestines.

Then there are certain movements of the intestines which are produced by alternate contraction and relaxation of the muscular coat—movements peculiar to involuntary muscular fibre. You will see, a section of the circular fibres under control of the sympathetic system, will contract slowly but steadily, and diminish the diameter of the bowels. This contraction, propagated from above downward, together with the shortening of the intestine by contraction of the longitudinal fibres, brings pressure to bear throughout the entire course of the bowels, and thus crowds along its contents. In the process of digestion, this movement is not always from above downward, but for a time, in some portions of the bowel, may be reversed. In this way the alimentary mass is passed backward and forward, and intimately mixed with the digestive juices, while time is afforded for absorption of the nutritive matters by the lacteal and blood-vessels. The movement downward is usually called peristaltic, while the upward one is called antiperistaltic. Upon these movements depend the passage of nutritive and feeal substances along the bowels, and anything interfering with this normal action is liable to produce constipation. You will observe that movements of this kind are originated and excited by the presence of alimentary or feeal matter, in a healthy state, by reason of what is called reflex nervous action. In other words, one set of nerves distributed to the mucous membrane perceives the waste of food or waste of material;

this perception is conveyed to the brain and from it, as a consequence, force departs along the efferent nerve fibres, distributed to the muscular coats of the bowels, and stimulates them to activity, viz.: alternate contraction and relaxation. You will observe that the muscular fibres are susceptible of direct stimulation by various agencies, thus you will see that in one way or another, the peristaltic movement is kept up. As the contents of the intestinal tract become fecal in their passage downward, by reason of absorption of their nutritious portions, and the addition of the excreted material, they collect in the colon, ordinarily lodging at and above the sigmoid flexure, which will be found situated just above the rectum, whence it is expelled after the mass passes in the act of defecation, by peristaltic action, into the rectum, by contraction of the abdominal muscles and fixation of the diaphragm—which great muscles play a very important part in the act of evacuating the bowels.

Constipation exists in those who are wanting in muscular development. Persons of this class may be characterized as deficient in muscular fibre, both in quantity and in tone.

Such constitutions lack functional activity in those directions where involuntary muscular fibre expresses the motive power and so is liable to fail in the force by which peristaltic motion of the bowels is produced. These persons are generally of a scrofulous nature, marked by laxity of muscular tissue, flabbiness of flesh, and poor assimilation, with which exists the characteristic tendency to sub-acute inflammation of the mucous surfaces, and this, if it involves the bowels, will tend to further constipation.

Again, you will find persons who are organically deficient in nervous power, especially of the sympathetic or organic nervous system, are predisposed to functional derangements. Constipation is a marked feature in such cases, for the reason that the muscular fibre, though it be plenty, is not duly stimulated to peristaltic activity, owing to lack of nervous force. Also, for the same reason, viz.: lack of organic nervous tone, there may occur through enervation of the intestinal glands, a deficiency in the secretions of the intestines, and hence, constipation. Constipation will be found in persons of bilious tendencies, and under bad habits, to functional disorder of the liver, involving diminished or irregular secretion of bile. That this is an important secretion in relation to constipation, will be seen. It will also be found that constipation has been caused by sprains, falls, and blows, and crossing of the legs when sitting in certain positions.

There can be no question that heredity plays an important part in connection with our subject; for following the costive habits of either or both parents, whole families of children show this tendency as against careful regulation of diet, exercise, and other habits. These are the cases of constitutional and hereditary origin that give the most trouble.

Exercise.

Sedentary occupations, as we have seen, predispose to constipation. Exercise then, may be deemed a valuable measure in overcoming the tendency to, as well as in abolishing this disease. Therapeutically, its value lies in the fact that by it the circulation of the blood is aided, and a more thorough and equal distribution of it effected.

In trying to overcome constipation, do not forget how great an influence on this difficulty your nervous state exerts. In speaking of the cause of constipation, I have already pointed out the liabilities from this source, and do not know that much more can be added. However, let me impress you the one great thing needed, keep your nervous centres well stocked with vitality. You ask, how can you do this? Why, by eating proper food at proper times, securing plenty of fresh air and sunshine, sufficient muscular exercise, abundant sleep, and reasonable freedom from worry. If you have done everything to build yourself up, there is another point to consider, do not overwork brain or body, or by excesses of any kind tear yourself down faster than the reconstructive processes can make the loss good.

Treatment.

First inhibited strongly from the ninth to the twelfth dorsal, as it is from these points that sensory nerves pass through the sympathetics to supply the intestines down to the upper rectum. The pain can be controlled in this way when the parts will be relaxed in a short time, and the extremities be extended, and all pains will be reduced to a minimum. I would at this point then palpate over the appendix. Then I would administer an enema and empty the bowels and give the patient a glass of warm water with one or two teaspoonfuls of Epsom Salts, and one-half teaspoonful of common table salt mixed together and to be taken as one dose, to be followed by small doses of Podophyllum. I would remain with the patient for a short time, to see the results of the treatment employed. Then next day, would again give same treatment, until the constipation habit was broken.

Constipation and Appendicitis.

In many cases of appendicitis, including both the acute and chronic varieties, there will be very few cases in which constipation does not exist, and it is through the constant watching of this condition, that you will find these lesions producing it. Now in cases of inflammation of the vermiform appendix you will find the following: (1) From irregular diet and exercise, (2) Sprains, (3) Falls, (4) Blows, the cause of constipation by producing lesions either rib or vertebral, which will be found to be affecting the nerve and blood supply to the intestines thus interfering with the functions; and if you will only go a little further, then you will be able to say that traumatism is the real underlying and first cause of appendicitis. Of course there may be many cases come under our observation in which it may be impossible to find even a remote history of traumatism, still when you consider that such a trivial lesion as a depressed last rib is frequently found in this condition it is not to be wondered at that the patient is entirely unaware where or when the initial injury occurred.

Now in support of these few remarks that constipation or rather the factors causing constipation, are of importance as predisposing conditions in the causation of appendicitis we give the following reasons:

When the caecum becomes clogged with fecal matter and its walls distended, the orifice leading into the appendix is forced open through the mechanical action of the distention and feces are driven into the appendix by pressure consequent upon the accumulating mass. It will now here be seen that the return of fecal matter into the caecum is prevented by this same accumulation in the caecum, which acts as an obstructing wall to the matter coming from the appendix.

Furthermore, it will be noticed that the muscular activity of the appendix, which has a tendency to expel its contents in one direction, namely, from its interior outward into the caecum, has been greatly impaired by either vertebral or rib lesions affecting the nerve supply of the organ, thus preventing the expulsion of the foreign matter.

Again the fecal matter lying stagnant in the appendix encourages the development and multiplication of bacteria which would promote an inflammation either of a mild catarrhal character, or of a severe and grave type tending to the rapid formation of pus and presenting all the manifestations of an acute infection owing to the absorption of toxins by the highly developed lymphoid system of the mucous coat. In fact, it is only in this way that the bacterial causation in appendicitis has any basis.

Let us once more look over the fecal concretions which you will find are encouraged to form, from the stagnant fecal mass in the colon, and as the appendix is similar in anatomical construction to the rest of the intestinal tract there is also a tendency to the formation of fecal concretions within that organ, itself, in fact this may occur more readily owing to the greater immobility of the contained mass. In glancing over the statistics we find that women are much less liable to appendicitis than men.

Now, you will notice there are a large number of patients who, on interrogation, will answer that they are not constipated and in some cases there may be a history of diarrhoea.

Here the question will arise: Is the practitioner correctly informed? The patient's conception of constipation is frequently of a very vague character.

Upon more careful questioning, we will elicit the fact that constipation really exists. The physician must bear in mind the condition of constipation with diarrhoea, in other words the walls of the bowels may be lined with a hard collection of fecal matter and the patient may have a daily semi-fluid evacuation, which has really tunnelled the existing mass; then again the evacuation every morning of a few hard rocky masses requiring considerable effort for the expulsion is held to be an evidence of regularity, temporary attacks of constipation of long or short duration are overlooked or forgotten by the patient

You will observe in these cases whch you are treating, the most constant lesions are to be found in the lower dorsal and lumbar regions. Rib lesions predominate, especially the eleventh and twelfth on the right side, there being usually a dropping of these structures.

You will see in some of these cases the lower ribs are depressed, which permits the diaphragm to sag, thus interfering with the freedom of circulation through the abdominal aorta and the vena cava.

While the adjustment of lesions is the main curative treatment in appendicitis, much can be done for the relief of the acute attack of pain, also the congestion and inflammation for the comfort of the patient. For the pain, deep inhibition over the dorsal region continued from five to ten minutes is usually of great relief. Deep and careful treatment around the inflamed appendix relieves the congestion, although great care must be observed in treating over the appendix for fear of rupturing an abscess. In fact, in those cases where actual fluctuation is elicited, indicating the presence of pus, no local treatment is advisable.

If constipation is found to be an important predisposing cause of appendicitis, then manipulations has within its domain the power to prevent many cases of eppendicitis. In fact, the great problems of the hour, are not so much the questions of function or when to operate, as that of how to prevent appendicitis.

Treatment: First inhibited strongly from the ninth to the twelfth dorsal as it is from these points that sensory nerves pass through the sympathetics to supply the intestines down to the upper rectum. The pain will be controlled in this way, and in less than ten minutes the features will be relaxed, the extremities extended, and the pain will be reduced to a minimum.

The patient should be carefully watched, and the treatment continued until the patient is free from all danger.

We have also other means of treating the patient without the eathartics; one which I have found very satisfactory is an instrument which is used as follows: Rectal massage and dilation of the sphincter which is simple and successful.

It consists in the introduction into the rectum and sigmoid of sausage-shaped pneumatic rubber dilators. These are dilated to conform to the shape of the rectum or sigmoid, by means of low compresesd air pressure. This dilation is carried to a point where the patient feels a fulness and the dilator is alternately inflated and deflated and manipulated too and fro, so that the mucous lining of the bowel is stimulated and the circular fibres contract and gradually regain their tone. Cases of chronic constipation of years' standing have been successfully treated and cured in from one to two months, the longest case requiring not more than twenty to thirty treatments. Normal defecation usually follows within a few hours after the first treatment.

In the majority of cases I order one or two glasses of warm water upon retiring for the night, and upon arising in the morning one glass of warm water with one teaspoonful of Epsom Salts, and one-half teaspoonful of table salt, to be taken before the first meal, which will act upon the bowels and cause a movement in from one to three hours without pain.

The instrument referred to, any physician may procure from the "J. F. Hartz Company" of Detroit, Michigan, by asking for the Pneumatic Dilator.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

Ovid S. Laws, M.D., Los Angeles, Cal.

I was glad Doctor Fearn commended my efforts in this line of work and hope his suggestion to apply it to the whole Pacific slope will be carried out by residents of the different sections.

I shall now call attention to Iris versicola that I find here, and have it growing on my lot and prepare a tincture of it. It is one of the plants that you can depend on as a single remedy. I had never used it as a single remedy until about twenty-four years ago when I had a case of eczema that had made annual attacks for about nine years and had been treated by about that many doctors with no apparent benefit. Each attack lasted about six months and each was worse than the preceding one. The victim was a woman of fifty years and it began on her ankle and gradually spread until it covered her entire body. It was a distressing condition and by far the worst case of the kind I have ever seen.

It was at about the height of its annual cycle when I was called—her clothing fairly glued to her body and itching intolerably. From the history the prognosis was gloomy and unhopeful, but I took the case and trusted to Providence for the outcome. For several days my efforts did no good, but the E.M. Journal came and a short article on Iris by J. M. Scudder made me think that was the remedy needed. Luckily I found some in town made by some St. Louis firm. Everything else was set aside and Iris in five drop doses was given every two hours in day time and a lotion with from 10 to 25 per cent of Iris in warm water was applied to the skin and controlled the itching fairly well.

Improvement set in at once and recovery was rapid. No compound on earth could have done better and I doubt there being another remedy for that particular case. Since then I have treated milder cases with good results but some not so prompt in getting relief. I think of Iris in all cutaneous diseases. I do not know that it will cure a case of goiter but it will reduce the gland some and prevent enlargement if taken regularly for a considerable time.

I have found it a specific in syphilis and seldom use anything else internally in that disease and never have any tertiary stage follow in cases thus treated from the start. No iodide of potash is needed to help it out. Simply push it to a mild cathartic effect for a few days and then reduce it so as to keep the bowels free. My experience has been extensive in this line of work and no failures. I have also treated some cases of so-called tertiary syphilis and give Iris as the internal remedy.

I consider tertiary syphilis as of mercurial origin and try to rid the system of mercury as fast as possible and usually succeed in about three months. I use compounds in my prescriptions but my experience with Iris taught me that one thing is enough when you get the right thing.

I do not find so great a demand for Iris in Southern California as I did back East, but it is often needed here and does its work well and is one of the indispensible resources of our part of the state.

LYCOPUS VIRGINICA.

W. Leming, M.D., Secretary.

The following is the summarized report of the study made by "The Eclectic League for Drug Research" on drug Lycopus Virginica.

This remedy displays two main activities, that of a sedative to the heart, possibly through its action on the muscle, and as an astringent to the capillary circulation, primarily of the lungs and bronchi, secondarily of the urinary organs and intestine.

It has always been thought of in connection with the disturbed heart action and the passive hemorrhages accompanying pulmonary tuberculosis. This action is vouched for by several of the members of the League and seems reliable. The case showing great debility and nervousness seems to be the one most susceptible to its influence.

Chronic bronchitis is equally well remedied by Lycopus, when the local debility and passive hemorrhages or thin, saneous discharges are present.

In diabetes, its power seems to be questioned. Dr. A. W. Smith cannot recall a case where it even benefitted, although he acknowledges that he has not employed it sufficiently to decide as to its value.

Dr. E. D. Jones considers it a reliable drug in certain forms of diabetes mellitus, and far superior to Rhus Aromatica, when there is great thirst, marked emaciation and the passage of large quantities of clear urine. He employs an infusion of the herb, one ounce to hot water one pint, a tablespoonful four times a day.

Lycopus has been mentioned as a remedy for chronic diarrhoeas, but the proper case has apparently not been defined. I myself employed it in a case of several years' standing but failed to relieve in a month's time. The same case was later almost completely cured with 5-grain doses of Magnesium Sulphate four times a day.

In various heart lesions it hardly does more than tone up the muscle in cases showing marked muscular relaxation, although it appears to have some direct sedative action.

The dose should be as large as possible without disturbing the stomach which it will do if given too freely.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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FUTURE OF THE MEDICAL COLLEGE.

Medical education is vastly different today from what it was fifty years ago. Even a generation ago a course in a medical college consisted only of two years reading in a physician's office and two years attendance on lectures in a medical school, with such hospital facilities as the city or county hospitals afforded. There were no special entrance qualifications required, but after attending public school during boyhood a young man could begin to study medicine whenever he chose if he decided to become a doctor. Such a meager preparation did not call for any high ideals, yet, as a matter of fact, produced some of the best physicians that ever were or will be. The purpose of such a course was to fit a man for the practical work of his profession, including all that term implies. He necessarily had to possess some natural fitness for his work which, together with a moderate education—although not a graduate of any high school or college—gave him the success he desired. His heart was in his work and he improved the opportunities for increasing his knowledge as he found them. He was indeed, a type of the self made man and the high esteem in which he was held in the community proved that he was no failure. He was the true family physician, not only prescribing medicine for the sick, but was also consulted on nearly

every subject of personal or family interest. He was so clever and well balanced that he became an indispensable necessity of the community in which he lived.

But, under the changes that have been steadily going on during the past two score years or more, the family physician of the old type is now seldom seen and, if things continue in the same way they are now going, he will soon be only a memory. Great changes have taken place in recent years in respect to every relation of life. That some changes have been needed and improvements made cannot be disputed, but with some changes for the better there have also been changes for the worse and the net results have not been all gain. To make men better qualified for doing good work in every branch of human endeavor is commendable, but their success can only be judged by the results. No man can know too much, but his knowledge must be broad in order to give him balance. If a man confines himself to a single groove he may become more expert in that line of work, but he also grows to be very narrow. It must be conceded that we need some narrow men as experts in every calling, but there is a wider field open to broad men who seek a liberal education and who know and can do well a variety of things; and it is fortunate for the world that the majority of men prefer to choose the broader horizon for their view. Medicine is such a wide field that it touches every interest in life and to obtain such an educaton involves many subjects. All knowledge has some use and can be made helpful as a side issue to any vocation, but to reach the highest success in any business the essentials of that particular business must receive paramount attention. The mission of the phyician is to administer to the sick and suffering and to do this effectively he must be educated in the subjects that relate particularly to his work. This requires knowledge of the human body, of anatomy and physiology as well as pathology and of material medica and therapeutics, which furnish him the means for relieving pain and curing disease. There are essential and the most important subjects to know in the practice of medicine; and ignorance or only partial knowledge in these subjects must end in failure.

A man calls a physician when he is sick because he needs help. If the physician, when he visits a patient, merely tells him what he already knows, that he is sick and that nothing can be done but to obey the laws of health, which kind of talk is the habit of the modern scientific physician, he had better stay at home, as that is not what he was sent for. Because of the inability of the dominant school of medicine to give adequate relief to the sick, professing, perhaps, that there is no

such knowledge nor means of cure, the people have become desperate and seek from other sources what Allopathy fails to provide. Thus have originated a variety of 'isms and 'pathies in medicine in an attempt to supply what is lacking, each one containing some good but not any one system perfect. Homeopathy, Eclecticism, Osteopathy, Hydropathy, Massage, Suggestion, etc., is each a protest against the dominant school for its failure to furnish a successful system of medication for curing the sick. The thing that is needd most is to make better doctors, not only in theory, but practical men who are successful in relieving and curing the sick.

Much has been said during late years of the value of laboratory work in a medical education. Such work has its value, of course, but not to the extent that is claimed for it. It is being given altogether too much prominence and is made to appear to be of more importance than it really is. These studies are valuable for their discipline and some information, but are largely theortical and beneficial principally to the teacher or specialist. The dead languages are also useful in a college course to discipline the mind, but unless such knowledge is used subsequently in teaching these subjects to others, the time thus spent is practically lost. Laboratory subjects stand on the same plane with the dead languages and are of subordinate importance in a medical course. They are of little value to a man after he leaves college to engage in the practice of medicine, unless such knowledge is used in teaching or practicing some specialty as already mentioned. No physician in practice ever does laboratory work, nor is it expected of him. If a urinalysis or blood or sputum test has to be made a specimen is sent to some competent specialist who devotes his entire time to such work. There is no objection to any one following these subjects who has the inclination and time to give to them, but being minor subjects in themselves they should be modestly assigned to their proper place in a medical curriculum and not be unduly exalted.

The tendency to ignore the small college and concentrate on the universities is another evil of the times that educators are beginning to recognize and make note of. Because of the prevalence of a sentiment that none but big enterprises are worth considering, men have been led into evil ways and are inclined to despise the day of small things, seeming to think that only size and numbers are effective. This spirit of false pride tends to develop trusts and monopolies, which give wealth and position to a few, but poverty to the many. Such a condition is unfair. Whenever a man acquires more than his just portion of anything he robs somebody else of his share.

This same spirit of monopoly has invaded educational work and a few men are combined together to get control. The university is fostered and the small college opposed. The advantage, however, is by no means always with the large institution but, on the contrary, is decidedly in favor of the small college, and is so recognized and stated by the foremost educators of our time. The student in the small college is apt to be possessed of small financial means, money that he has earned himself and, therefore, knows its value. In spending his money he aims to get in return an adequate equivalent. When he goes to school he pays his money to get an education and is careful to improve every opportunity that will help him to increase his store of knowledge and get value received for his money.

The incentives in a large institution are quite different. Here the children of the wealthy usually attend because it is the fad and they have the money to pay the price. Instead of studying hard and striving to learn, college life is more apt to be taken as a joke and merely spent as a pastime. More time is usually given to play than to work. The days are mostly devoted to athletic sports and the nights to fraternity meetings, helping to haze a helpless fellow student or, possibly, busy doing some meaner devilment. In the mass of numbers the individuality is lost and the student slips along in the easiest manner possible to put in the time and get through. A graduate of this stripe is no more fit for business than a child. If he has enough character or manhood left to realize the situation he has to begin all over again. Medical colleges affect such airs even more than do the literary schools and it is to be hoped that the craze will soon die.

There is an attempt being made to confine all medical education to universities and a few favored colleges for the express purpose of reducing the number of medical students and limiting the number of physicians. How well this plan will succeed only time can tell. Such a divergence from a sane standard cannot last always. By a natural law of compensation there is a reaction from every extreme and this one, for the same good reason, will reach its limit. The public does not yet fully understand the situation but it feels that there is something wrong and ultimately public opinion will have something to say in settling the question. Some of the people may be fooled part of the time but not all the people can be fooled all the time. There is room for both the large and small college and each one will again occupy its legitimate sphere.

The friends of Eclecticism and of the California Eclectic Medical College can take fresh courage. Liberal medicine is not dead but very much alive and will continue to flourish.

All that is necessary is for every Eclectic physician to be loyal to the cause and use his best endeavors to induce the right kind of young men to engage in the study of medicine and fill our Eclectic colleges. Mere advertising cannot do it, but persistent and well directed individual and personal effort is required. If every one will do his whole duty the cause cannot fail.—MUNK.

THE EMMANUEL CHURCH MOVEMENT—WHAT IT STANDS FOR.

The following editorial from "Good Health" seems to us to be the soundest talk on the Emmanuel Movement that we have seen, and we quote it in full:

Christian Science has at last a rival which threatens to become a powerful competitor. The Christian Scientists have had things pretty much their own way. Only now and then has a Dowie or a Paul Castor, or some other professed "healer," undertaken to dispute the field with the followers of Mrs. Eddy.

Two or three years ago a pastor of the Episcopal Church in Mrs. Eddy's own town began the work which is now rapidly making headway under the name of the "Emmanuel Church Movement."

From the standpoint of an onlooker there seems to be many points of similarity between Eddyism and this new movement within the ranks of the church:

1. Mrs. Eddy teaches that disease exists only as a morbid idea.

The Emmanuel Movement regards disease as the result of morbid mental states, at least so far as functional disease is concerned, and this really is tantamount to all disease, for organic disease begins with functional derangement.

2. Mrs. Eddy teaches that disease may be cured by mental methods applied to the patient by one who has been instructed.

Dr. Worcester and his colleagues teach that disease may be cured by "psychic suggestion," applied by specially qualified persons.

3. Mrs. Eddy claims for herself and her healers a personal power or authority to control the vital processes of other persons, so making possible the cure of disease by them.

Says the Emmanuel healer to the patient, "I can cure you absolutely."

The Emmanuel Movement differs from Eddyism in that it claims to be strictly in harmony with modern science, while

Mrs. Eddy utterly repudiates all that is commonly recognized as science. In operation and effect, however, there is little difference between the two.

Dr. Worcester operates through "suggestion" and "hypnotism," methods long in use by certain specialists and by numerous charlatans.

The history of hypnotism, formerly called mesmerism, dates from Mesmer, a charlatan whose sensational so-called "cures" were the wonder of Paris more than a century ago. Benjamin Franklin was living at the time in the French capital. The great statesman-philosopher was a member of a committee appointed by the French Academy to investigate the new method of exorcising disease. Mesmer claimed the cures to be wrought by means of a magnet in a tub with which he connected the patients by means of handles. Franklin replaced the magnet by a wooden imitation and the "cures" continued as before. Whereupon Mesmer, nothing, daunted, announced the discovery that the healing power lay in himself.

Mesmer has had a host of successors in and out of the profession who have claimed special power over disease and the ability to control by the action of their own minds the operation of other minds and bodies through occult means.

Modern psychologic science has explained the curious phenomena of mesmerism and named it hypnotism. The explanation is this: by various means an individual may be brought into a state of mental vacuity or abstraction. While in this condition, the so-called hypnotic state, ideas communicated to the subject's mind may become the controlling factors in his conduct, and may even temporarily influence his bodily functions. "Suggestion" is the term used to designate the presentation of ideas to the mind of the subject without the hypnotic state, either during the ordinary waking condition or during natural sleep.

Hypnotism has been carefully studied by the most eminent neurologists, and has been found wanting. Professor Charcot, the great French neurologist, after years of investigation and constant experiment discarded it as a means of general application. The able editor of the "British Medical Journal," perhaps the most authoritative and influential of all medical journals, some years ago made an exhaustive inquiry into the question of hypnotism, the result of which was the publication of a most decided and positive condemnation of this psychic method as a curative means. The baneful influence of hypnotism upon the mind of the hypnotized, and the failure of the method to accomplish permanent good, was clearly pointed out.

There have been, and still are, schools of hypnotism and clinics where hypnotism is the chief method of treatment, but with the lapse of time the confidence of the medical profession in this psychic method has, instead of increasing, notably diminished, until at present a practitioner who resorts to hypnotism as his general mode of practice, or as a specialty, is commonly looked upon with suspicion.

And there is good reason for this mistrust. The hypnotist is necessarily a deceiver. The whole success of his art depends upon the belief by the patient that the hypnotist possesses an occult power by which he can influence the mind or body of the subject, or both. This is a false belief. It has not the slightest foundation in fact; yet unless the subject has full confidence in the supposed powers of the hypnotist no impression can be made.

Again, the hypnotist impresses the subject by making most positive statements without being at all certain that he is telling the truth. For example, in the case of a chronic inebriate the following words were pronounced to a subject by an Emmanuel Church healer: "You are going to sleep. You are sinking deeper into sleep. No noises will disturb you. You will drop off into sleep. You are asleep [these words being repeated many times before the patient actually fell asleep]. I told you before you were not to drink any more. I told you that you could not yield again to the drink habit. You cannot drink any more."

Now it was impossible to say with truth, "You are going to sleep," or, "You cannot drink any more." It was all supposition, the untruth of which the subject might discover. The hypnotist is constantly making statements of this kind, well knowing that in many instances his statements will prove absolutely false. He says to the victim of insomnia, "You will sleep. Yes, you are getting sleepy now. You are dropping off to sleep! There, you are asleep." If the experiment succeeds the statement is, of course true, but a falsehood when it fails. So far as the hypnotist is concerned; such a statement is really untrue when made. It is a presumption made for the purpose of impressing the patient. If the subject believes it, the assertion is verified in fact; otherwise it proves false.

So the hypnotist is a professional deceiver. When he says to the patient in the most positive manner, "You are going to sleep," he is not at all certain himself that the patient will sleep. His effort is purely experimental. Here, then, are two very weighty objections to hypnotism:

1. The hypnotist poses as one possessed of occult power which he may exercise for the benefit (or detriment) of the

subject, thus inspiring awe, reverence, and confidence for which there is no foundation.

2. The hypnotist deliberately and systematically lies to his patient as a necessary part of his method.

But there are other than moral objections to hypnotism, as was well pointed out by the eminent Dr. Hart, of the "British Medical Journal." **The effect of the hypnotic state upon the subject is not wholesome.** The false belief upon which the success of the art depends, exercises an unwholesome effect upon his mind. He feels that a spell has been cast over him. He believes that another mind and will than his own have control of him. His selfhood is weakened.

Studying hypnotism more than twenty-five years ago in the clinic of the famous Professor Charcot, at the Saleptriere, Paris, I was impressed particularly by the weak and foolish expression commonly seen upon the faces of subjects after coming out of the hypnotic state. Dr. Hart and many other authorities assert that the hypnotic state is a diseased condition, a morbid state which is made worse by repetition. That it is a condition impossible to a healthy and fully informed mind is not to be doubted for a moment. Conceive, if possible of one professional hypnotist hypnotizing another. They would be like the augurs of ancient times who dared not look one another in the face in public for fear of laughing.

There recently appeared in the public prints the following:

"The Emmanuel Clinic, conducted by Rev. Dr. Frederic Campbell in Brooklyn, New York, has been given up, Dr. Campbell having resigned his pastorate on account of **impaired health.**" Consistency would have added, "and gone to Boston to place himself under hypnotic treatment at the Emmanuel Church"; but no such announcement was made.

My first impression of the Emmanuel Church Movement was that it was essentially a religious movement. It commanded my entire sympathy and support. But later the fact came to light that it was hypnotism in a new dress, or in a new environment. Instead of the hospital, the church; instead of the physician's office, the pastor's study; instead of a physician, a preacher; instead of a man armed with a knowledge of all that modern science has developed of natural physiologic means of cure and prophylaxis through natural agents and natural habits, a hypnotist, with the deceptive air of occultism, the mysterious pose, the bald deception, the false belief on the part of the patient, the voluntary surrender of a weak will to a stronger.

It is impossible to suppress the query: Is hypnotism under the name Emmanuel Church Movement essentially different from the hypnotism of Mesmer and Charcot? Does hypnotism in a church differ radically from hypnotism in a hospital? Is deception practiced by a clergyman less sinful than deception by an ordinary mortal? Is a hypnotic seance begun with a hymn and a prayer and closed with the doxology less objectionable than a hypnotic seance of the common sort? Admitting that the medical profession have neglected the psychic side of therapeutics, is it likely that any great good is to be accomplished by the clergy through the use of means which the medical profession have tested for half a century and found wanting? That is to say, is hypnotism less reprehensible and unwholesome because its horns and hoofs are concealed by an ecclesiastical halo?

Finally, is the cause of religion likely to be in any way benefited through the substitution by its ministers of the deceptions and falsehoods of hypnotism and psychologic juggling for the simple faith of the gospel? And has the hypnotist or the psychologist any better means of "suggestion" than that divine, old-fashioned method which through all the centuries has worked and is still working wonders, when it is not relegated to the rear as out-of-date and unscientific—simple prayer?

Incidentally another phase of the Emmanuel Church Movement has come to light. Says one warm advocate of the movement, "Sufferers invariably want some one to whom they can unburden their hearts. There is where the confessional of the Roman Catholic Church has done a world of good."

This may be true, but is there no one save a Catholic priest or an Episcopal priest, or a hypnotist, to whom a suffering sinner can confess his sins, and from whom he may expect comfort and sympathy adapted to his needs?

Has the religious world reached the point where another Martin Luther is needed to preach the gospel of the Fatherhood of God, the Brotherhood of Christ, and the efficacy of Christian faith? Whatever good there may be in hypnotism, there is only one master mind that can be trusted. To be divinely inspired is the only hypnotism which is safe. Confession is good, but there is only one ear which can be safely trusted with the heart's secrets. Sympathy is good, but only one great heart can offer just the measure and the kind of sympathy which a sorrow-laden heart needs to lighten its load. Friendly sympathy is certainly helpful, but professional sympathy is a cheap substitute well calculated to encourage a

class of morbid neurasthenics who find their greatest delight in the rehearsal of their miseries.

My judgment may be wrong, but it now looks as though the Emmanuel Church Movement is a religio-scientific substitute for both scientific medicine and the good, old-fashioned Bible religion; a new-thought religio-medico-sociological movement; a more or less orthodox rival of Christian Science, and wth a foundation not much better.—Ed. Chicago Med. Times.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M.D., Cincinnati, Ohio, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, June 1st, at Dr. Solomon's office, 308 Wilcox Building.

Dr. E. Mather of Detroit was elected an honorary member and his paper on "The Alimentary Canal, or Large and Small Intestines" was read before the society. Afterwards the paper was thoroughly discussed by the different members.

Dr. Perce invited the society to meet at his office in Long Beach in August.

The July meeting will be held at Dr. A. O. Conrad's office, 517 South Broadway on the 6th of July, and Dr. Conrad will read the paper.

Adjournment.

L. A. PERCE, President. P. M. WELBOURN, Secy.

MICHIGAN ECLECTIC MEDICAL AND SURGICAL SOCIETY.

The thirty-third annual meeting of the Michigan State Eclectic Medical and Surgical Society was held at Adrian, Michigan, June 2nd and 3rd. The papers, in nearly every case presented personally by their respective writers, were exceptionally interesting and numerous, and elicited much discussion. Two new members were received into the society. A reception was held Wednesday evening at the home of that veteran Eclectic, Dr. V. A. Baker, music, lunch, toasts and general good fellowship being the program for the evening.

The Society unanimously passed a resolution putting itself upon record "as being in favor of affiliation with the National upon the basis of $2.00 per member to be paid annually to the National for membership in the same, provided that it shall not be obligatory to send $2.00 for each and every member of the State Society, irrespective of said member's desire to be so taxed and become a member of the National," the Society further respectfully urged "that no physician be received into membership in the National unless in good standing in his state society."

The following officers were unanimously elected for the ensuing year: President, C. S. Sackett, (re-elected); first vice-president, W. J. Couch, Detroit; second vice-president, F. A. Howland, Adrian; third vice-president, C. H. Murphy, Perry; secretary, J. E. G. Waddington, Detroit; treasurer, H. G. Palmer, Detroit.

The next meeting will be held in Detroit, June, 1910.

J. E. G. WADDINGTON, A.M., M.D., Secretary.

NEWS ITEMS.

Dr. B. E. Fullmer will move from his present location to 337½ S. Hill St., on July 1st.

Married: Dr. Lewis A. Perce and Mrs. Carolyn Hill Shafer were married on June 8th at 5:00 p.m. at 413 Pacific Ave., Long Beach. Afterward they enjoyed a ten days' trip to different points in Southern California. The Journal extends congratulations.

Dr. and Mrs. E. R. Harvey entertained thirty friends at dinner on June 16th at their home, 522 Cedar Ave., Long Beach in honor of Dr. and Mrs. L. A. Perce.

Married: At the home of the bride's parents, Prof. and Mrs. John Uri Lloyd, Cincinnati, Ohio, Miss Annie Lloyd and Dr. O. C. Welbourn of Los Angeles, California, were married June 23rd. Dr. and Mrs. Welbourn are enjoying a trip to the Yellowstone National Park.

Dr. Holton has called our attention to the fact that "Stingaree" is a corruption of "Stingray" which is the correct spelling.

We are pleased to announce to our readers that we intend to publish a series of articles on Echinacea and Echafolta, beginning with this issue.

In a recent letter to Dr. Munk, Dr. R. E. Kunze of Phoenix, Arizona, states that he is familiar with the plant recently referred to in the Journal by Dr. Laws as "water mody" and gives its scientific name as "Baccharis glandulosa." He says that he has many notes on its therapeutic properties gathered from various sources which he will later include in an article for the Journal. He has also promised to write an article on Golandrino or Euphorbia albomarginata and will illustrate it with a fine picture of the plant.

Dr. John Fearn has written a work on Materia Medica which will soon be published under the title of "Fearn's Therapeutics." This work will be very modern and complete and an invaluable aid to the physician. There is no man more familiar with Eclectic methods and remedies than is Dr. Fearn, and his book when it appears will be used extensively, not only by Eclectic physicians but by physicians of all schools who believe in the efficacy of drugs.

Dr. G. W. Finch has recently received a letter from Dr. H. T. Grime of New Carlisle, Indiana, who is proprietor of a Medical Plant Nursery.

While Ginseng and Golden Seal are his specialties, which he cultivates upon a commercial scale, he is an enthusiastic investigator of all medicinal plants. As a botanist he has identified four hundred plants bearing medical properties within a few miles of his home, and he speaks with regret when he refers to the country about him as once being one of nature's vast botanical gardens which has been destroyed by the ruthless stockman and wood cutter. The doctor offers to aid in whatever way he can by sending seeds and plants for the College Medical garden here.

READING NOTICES.

The importance of nutritive repair, in the treatment of all bodily disorders, associated with loss of weight and general vitality, is too patent to need more than passing emphasis. The question of how best to bring about such a desirable result is, however, one that the physician is daily called upon to answer, and upon his ability to "build up" his more or less devitalized patients will largely depend his success in the treatment of chronic affections. Taking, for example, a patient suffering from Pulmonary Tuberculosis in the incipient or secondary stage, what are the approved measures to adopt to bring about improvement of nutrition and a consequent gain of weight and strength? All phthisio-therapists now agree that the therapeutic trinity of salvation for the tuberculous invalid is composed of: 1—Fresh, pure air, in abundance, both night and day; 2—A properly balanced ample supply of nutritious food; 3—Plenty of rest, especially during the febrile period.

While medication is useless, unless the patient is properly fed, "ventilated" and rested as above referred to, there is no doubt that intelligent medical treatment, designed to promote nutrition, is indicated in a majority of cases. If the tuberculous patient has been neglected, for any length of time, some degree of anemia is almost always present. In such cases, an absolutely bland, non-irritant, readily tolerable and assimilable form of iron, such as exists in Pepto-Mangan (Gude), cannot be but of benefit, by stimulating the formation of erythrocytes and hemoglobin, and thus augmenting the oxygen-bearing potency of the blood. Metabolic interchange is thus quickened, better absorption and assimilation of food follows, and as a consequence, nutritive repair is encouraged and hastened.

Bovinine, being perfectly preserved arterial bullock's blood, must of necessity contain every element of nutrition in proper proportion. One strong point in its favor in the treatment of anaemia is that it requires hardly any digestion, but is immediately ready for assimilation, thereby giving the stomach absolute rest.

NERVOUS EXCITEMENT.

In these strenuous times, when the mental functions are frequently taxed far beyond their powers of endurance, insomnia is only too common. Under these circumstances, Peacock's Bromides will often prove the logical remedy. They do not compel sleep, like hypnotics; but, by allaying the existing nervous excitement, whether due to mental strain, worry or anxiety, they promote sleep in a normal manner. The patient awakens refreshed with a clear head, and does not suffer from unpleasant sequelae during the following day.

EUPHORBIA ALBOMARGINATA

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Original Contributions

EUPHORBIA ALBOMARGINATA.

Richard E. Kunzie, M.D., Pharm. D., Phoenix, Arizona.

This euphorbiaceous plant, generally known to the Mexican as Yerba de Golondrina, is found to be common between the Great Colorado and Western Texas, and in Sonora, Mexico. It is a low creeping plant affecting rivulets, ditches of cultivated lands and arroyos of the desert and washes of some of the Arizona mountains. Having the reputation by the Mexicans and some of the Indian tribes as being the only certain and safe antidote against the bite of venomous serpents it should be better known to white settlers of this and surrounding regions where rattlesnakes are still too numerous to be overlooked with nonchalance.

The lateral ditches of my cactus farm, where irrigation is conducted in bi- or tri-weekly turns are more or less covered with this pretty Euphorbia so as to obstruct the free flow of water to a considerable extent. It floats on the water like duckweed, a species of Lemna. It has small roundish leaves and tiny white and purplish flowers, not larger than a small pinhead, which appear in the axillae of oppositely placed leaves. At maturity each leaf has a very showy rusty red spot in the center. Flowers appear for weeks from the same axilla, and the four white petals springing from the purplish calyx make it a conspicuous plant for its small size. A milky fluid is emitted from every wounded part, which is bitter to the taste, the root yielding this property as freely as the stem. On our desert this plant is found in the arroyos or other water courses and here the plant is not prostrate, but takes the form of other weeds growing upright to the height of six to eight inches and disappears during the hottest part of the summer. Plants growing on and near our ranches may be seen the year round, and some are in bloom during midwinter in sheltered localities.

Several prostrate Euphorbias are met with in Sonora, all known as Yerba de Golondrina, according to the late Dr. George Thurber of New York City, one of the botanists con-

nected with the Mexican Boundary Commission of 1850 for the survey of the International Boundary. I further copy from the Mss. of my "Materia Medica, Past, Present and Future," copyrihgted, as follows: "The lacteseent fluid of this plant is not acrid like that of many other species of the Spurge family. As the name implies, large doses of this milky fluid produces purgation and some are positively toxic. The last mentioned property is ascribed to a number of African species. Our pant is inocuous to the human family. My mare feeds on this plant more or less when pasturing and frequently when tethered I give her an armful of this trailing plant. It is found throughout the Rocky mountain region of the southwest and is a universal remedy with the natives of the country as an antidote against the bite of the rattlesnake. A decoction of the fresh plant is freely given internally and the bruised plant is locally applied to the bitten part. Treatment to be continued until all dangerous symptoms subside. Very little if any swelling of parts affected takes place when this remedy is immediately applied. When emesis and purging is produced the blood generally is invited to the surface which is a favorable sign in the treatment of rattlesnake bite. When horses, donkeys or cattle are bitten our natives apply the bruised plant until the swelling subsides and such animals are spared from the usual unpleasant consequences following rattlesnake bite. A decoction of Golondrino when taken cold in moderate doses acts as a tonic and alterative which information came from a Yavapai County pioneer. The author has met numbers of people in Arizona, who have used this remedy successfully in cases of Crotalus poisoning in their families. In some parts of Mexico a tincture is prepared with wine for ready use and is kept in the shops."

Two cases which came under my own notice will illustrate the efficacy of Euphorbia Albomarginata. Ten or twelve years ago a Mexican field hand was bitten on the finger while working on the large ranch of the Fowler Brothers, situated nine miles from Phoenix on the Yuma road. All he did to antidote the bite of a diamond rattler was to chew the fresh plant and also to apply it in a bruised state to the wounded part to prevent swelling. A day later he was again at work none the worse for the mishap.

An inhabitant of this city living in the outskirts of this locality told the writer how Golondrina or Snakeweed, so called in this valley, cured his little four year old son of the bite inflicted by a sidewinder rattler, Crotalus Cerates, a few years ago. The child returned home crying that his foot hurt him

which on examination showed two punctured wounds on the large toe. On being questioned as to where he had been he told his father that he had stuck his foot into a hole and shortly afterward pain in that member set in. His father took him to the spot where with a shovel he unearthed a very active sidewinder eighteen inches long Knowing of the virtue of Golondrina which grew near by, a poultice made of the bruised herbs was at once applied over the bitten spot and an infusion given the child. Very little swelling appeared in the foot and soon the boy was free from pain and speedily recovered from the snake bite. The family were white settlers of intelligent character.. I have been informed of similar cures by the settlers of the Salt River Valley, and the bite inflicted by our largest rattlers or Diamond Backs, Crotalus Atrox, is as readily cured as that of the little vicious Sidewinder, C. Cerastes

Another use made of Euphorbia Albomarginata is for the relief of difficult micturition met with in elderly men. One of our old settlers living near the St. John's ditch, not far from the Maricopa Indian Reservation, ten miles from Phoenix, was troubled with Ischuria. In this case the retention of urine was traceable to cystic irritation. A Maricopa Indian told him to drink plentifully of an infusion of Golondrina until relieved, which he did. This remedy worked so efficiently that the rancher kept bags full of the plant in his house for ready use when out of season.

The action of this remedy should be carefully studied and further reported upon.

Dr. J. E. Rose, Associate Curator of the division of botany in the Smithsonian Institution, Washington, D. C., reported the following about an allied low-growing species found in the mountains east of Acaponeta, Mexico, where Yerba Golondrina is boiled and used as in a poultice to reduce swellings and cure sores. Some Mexicans as the writer learned employ it for the cure of tertiary syphilis in the form of a decoction.

MEDICAL EDUCATION AND LEGISLATION.

J. A. Munk, M. D., Los Angeles, Cal.

Read before the California State Eclectic Medical Society.

We have met again in our annual convention to discuss medical subjects and compare notes. These meetings are of great interest and value as they keep us in touch with each other and informed as to what is transpiring in the medical world. No physician can afford to absent himself from these meetings, as remaining away means a double loss; first, to

himself, because then he remains ignorant of what is going on and second, it abstracts a unit of influence from the cause he represents and the society to which he belongs. It is surprising how careless and indifferent may physicians are in this respect. They act as if they were only living for themselves and had no responsibilities to meet or obligations to pay to the cause that gave them success. Because they are successful in business they do not consider it worth while to spend time or money to attend conventions, but go stolidly along in their selfish, narrow way. Other reasons might be assigned for standing aloof, but there is scarcely one good excuse for such conduct. In union there is strength and it is only by the adherents of any faith organizing and combining together to defend and promote the interests of their cause that they can hope to make any substantial progress.

Every Eclectic physician in California should be a member of this society and those who are already members should strive to have others join that are not members. By having an interest yourself you can reasonably expect to interest others. Every Eclectice should know intuitively that it is for his own best interests to join some society and no man with common sense should have to be urged or coaxed into doing his duty. If all of the 7000 Eclectic physicians in the United States were active members of their local, state and national societies the cause of Electicism would greatly prosper. There is sore need of a revival spirit and, I believe, there is such a movement close at hand. The time has come when we must either progress or retrograde and to have the latter happen would mean death to our cause. There is too much at stake for the individual as well as for the general good to allow such as fatality to occur. There is more, as we believe, of curative virtue contained in the remedies that are used by Eclectics, represented in the Lloyd Specific Medicines, than is found in any other system of medical practice. This knowledge has been gained by many years of diligent toil and study and is too valuable an asset to be lost. The uniform quality of these remedies are the only entirely reliable class of remedial agents that can be said to exist. They are not only appreciated by Eclectics but almost equally so by physicians of every school of medical practice; and their sphere of influence is being extended every day.

That Eclectic physicians are unusually successful in business is a well-known fact. An Eclectic physician of average ability can go into any community and succeed. He does not fear competition and only asks for an equal chance. The one

trouble seems to be that there not enough Eclectics to supply the demand. The cry all over the land is for more Eclectics, when there are none to send. It behooves Eclectic physicians everywhere to pay attention to this matter and look up suitable young men and start them in the study of Eclectic medicine that these vacancies may be filled. Only recently an incident occurred that goes to show the efficacy of Eclectic medicine. The head nurse in one of the public schools in the vicinity of our College called at my office one day and voluntarily made the statement that the children from the schools that attended our college clinic were greatly pleased with the attention and treatment they received. She contrasted the treatment received at our clinic with that obtained at two other free dispensaries that were open in the same vicinity and noted the difference. The nurse stated that the children sometimes attended the latter dispensaries for weeks or even months at a time without receiving any apparent benefit—and were finally told by the physician in charge that they need not return again as nothing more could be done for them; while the children that were treated at our clinic were invariably cured with only one or two prescriptions. This was very gratifying news particularly as the information came unsolicited. Our students are greatly pleased with their clinical opportunities and undergraduates, from the diversity of experience thus obtained, are prepared to step at once into a successful practice, after receiving their diplomas and state license.

As desirable as it is for a young man to have an adequate preliminary education before entering upon the study of a profession it is not always possible for him to get it. The youth of rich parents always have ample time to study without having to feel the pinch of poverty, or to provide for the mere necessities of life as does the poor boy. The latter invariably has a hard time of it if he aspires to obtain an education under the existing conditions. He cannot earn a living which he must have and at the same time devote himself entirely to study in order that he may obtain the crdits that are demanded. He must not only earn his living as he goes along, but must also accumulate money enough to pay for his tuition and other incidental expenses. Often from the necessities of his surroundings he is prevented from ever completing his education by the usual method of school attendance, but if he succeeds at all in acquiring the knowledge that his ambition craves it is in studying by himself at odd times between the hours of work. It used to be that such a young

man had an opportunity to make himself in his own way and it must be conceded, if we are able to judge by the results, that he usually succeeded admirably. Some of the greatest men of our nation are of this pattern, whose opportunities for going to school were limited and who in their youth, perhaps, never even saw the inside of a college, yet were so studious and diligent and in the face of every obstacle succeeded in aequiring an education that enabled them to climb to the top round of the ladder of fame. These men gained fame by their deeds and not from credentials, and will be remembered and honored as long as time lasts. It is all folly to think that mere schooling makes the man as success depends upon a variety of factors that differ widely in individual cases. The rich youth, as stated need have no concern about making both ends meet as he is supplied with money to pay all his bills and the ease with which he lives is often the reason why he is such a poor student. He has always been taught that he does not have to work or study and that his money will buy for him anything that he wants. The vanity of riches is the chief danger of our nation as it has ever been to all people in the past history of the world. Great riches tend to indolence and luxury and lead to ruin. An arbitrary and fixed standard of education does not always hand out even justice to all and the standard of qualification and license of the physician should not be made prohibitive to such as are poor, but worthy.

According to the established code every student is stretched on the same Procrustean bed of studies where it fits him or not. Such a custom is wrong from every point of view and must necessarily end in failure. Much that is taught in our schools is only foolish folderol and of no earthly use but to lengthen out the curriculum or satify some whimsical fancy. A student should not be judged only by class credits or what he actually knows, but there should also be taken into the estimate his tastes and natural fitness for the work assigned. To an individual inclined to study, having a mind that readily acquires knowledge, a college course is of great value and a real help to success in life; but it should always be remembered that the college does not make the man, but rather that the elements of success must be in the man to enable him to make himself.

Dr. Charles W. Eliot retired President of Harvard college than whom there is no greater educator in the world, stated. recently in a public address "that a shelf three feet long will hold books enough to give a person a liberal education if they be read ten minutes seach day." Such a statement coming from

such a man denotes that there is something decidedly wrong with our present ideals and methods of education. A revision and remodeling of the curriculum seems to be necessary to increase its efficiency. There is danger sometimes in trying to do too much as well as in leaving something undone and it takes a cool and well poised mind to always reach a sane and safe conclusion.

During recent years medical legislation has spread all over the land until every state has some standard of qualification for physicians who practice within its borders. California especially, has made herself notorious because of her manner of dealing with this subject. Medical legislation does not necessarily always protect the interests of the people, but is often fostered and directed by schemers and faddists to gain control. On the surface it appears to the average citizen, that instead of the law being for the benefit of all the people it is really class legislation that makes conditions easy for one set of doctors and hard for the others. The ostensible purpose of the law is to admit to practice only highly educated physicians, but the real intention is to keep out new comers and limit the number of medical students and graduates of medicine. The confessed purpose of these self appointed censors of the medical profession—a conceited and egotistic clique in the American Medical Association—is to raise the standard of preliminary education and of educational requirements so high that the colleges will not graduate mere physicians, but turn out only a few research workers and high-grade specialists. If this end is ever accomplished where will the family physician be and what will become of sick and afflicted humanity? This statement shows in what direction the profession is tending and the folly of such a reckless course. The sick, like the poor, are always with us and physicians are needed to minister to their wants in times of sickness and suffering.

During the past legislative session an attempt was made to modify and correct a few items in the present medical law that need to be changed, but which unfortunately failed by a single vote. No effort was made to lower the standard in any particular but a change seems to be necessary in order that the law may be administered with absolute fairness and justice to all. As the law reads it is almost impossible for a physician from any other state to pass the board and secure a license to practice medicine in California. A graduate just fresh from college stands some chance to pass the examination but a practicing physician who has been out of school for years can hardly hope to pass, no matter what his ability may

be. The subjects and questions presented are largely theoretical which the student just out of college should know, but have naturaly been forgotten by the man who has been for years out of school. The essential subjects of a physiciasn's business, the practice of medicine, surgery and materia medica are all excluded from the examinations, but laboratory and theoretical branches, which are not any part of his practical work, are given undue prominence. What are physicians for if they are not to know something about helping and curing the sick? Such knowledge, it would seem, should be made the basis of an examination if any one thing more than another is necessary to determine his fitness to practice, but they are completely ignored. If the examiners were required to answer the questions that are usually propounded by the board even some of its own members could not pass.

Our present medical law does not give in detail the requirements that are necessary to make a licensed physician, but accepts as a whole the standard promulgated by the association of American medical colleges. This assumption of authority is clearly illegal, although the matter has never been brought to trial or decided by any court of law. It is an organization that is entirely outside the state and is not in any way liable to the laws of the state. It is not an established standard but is subject to change according to the will or fancy of those in control. Because of its liability to be changed at any time it has been called a "flexible standard" as if that were an advantage which it is not, but rather a disadvantage because of the uncertainty as to what the standard really is at any time. If indeed, it be flexible as claimed its elasticity happens to work only in the wrong direction and, like the hangman's noose, is designed to strangle its victim. What needs to be done is to adopt a legal standard that states in the law what the qualifications are and which can only be changed by legislative action. Until this is done every physician in the state is subject to the arbitrary dictation of an illegal body outside the state whose avowed purpose is to make the conditions for entrance into the profession higher and harder with each passing year. That the physicians in California as well as its citizenship generally should submit to such unjust dictation is due either to ignorance or apathy or both, and when the case is once properly presented and discussed, will result in making the law what it should be through right legislation.

Again, under the existing conditions the physician is not subject to any practical test by the examination. The subjects which concern him most as well as the general public are

his knowledge of the practice of medicine, surgery, and materia medica, the only means known by which he can give relief to the sick, yet those vital subjects are entirely omitted in his examination. The ten laboratory and theoretical branches which compose the examination are of less importance than the omitted subjects and have little or nothing to do with making a successful physician. In all reason and common sense if any examination is necessary these important subjects should be made the leading features of the investigation and not be as now eliminated from the test. If doctors are of any account it is because they are able to give relief to suffering humanisty; if they cannot do this they are not true physicians. Under the existing regime each state society of the several schools of medical practice nominates candidates for membership on the board whose commissions are signed by the Governor; but the board is responsible to no one and cannot be called to account for any of its acts. Its members cannot be asked to resign neither can they be removed and can only be lost from the board by death or removal from the state.

The scandal of the past year that was caused by unfair examinations made by the board was doubtless due to this anomalous condition. Nothing was done or could be done under the circumstances to punish the guilty ones who brought shame and disgrace on the state. The board is supposed to be an administrative body and subject to executive control, but it is not and the law needs to be so changed as to correct this defect. Under the existing law applicants for license fail entirely if they fail at all, which is not right. The law should be so amended that if any one passes a majority of the subjects, the candidate should be examined only in the failed subjects and without paying an additional fee. There should also be reciprocity between states so that with equal standards of qualification a physician who is licensed to practice in one state would have the privilege to practice in any other state of the Union. State examinations are really not needed and cannot be otherwise than conflicting. A federal commission might be appointed to conduct such an examination similar to that in vogue in obtaining admission as physician to the army and navy, but even this arrangement might be found to be undesirable or impracticable. A simpler and fairer method would be for every physician who holds a legitimate diploma from a reputable medical college to have a right to practice where and when he pleases. Make the rules strict and hold each medical college responsible for the character of its graduates and the diplomas that are issued which would at once set-

tle all controversy as to individual rights. Every possessor of a legitimate diploma would then be entitled to practice his profession in any part of the Union without regard to state lines.

It is desirable to suppress the fakir and quack but the question is when and how can this be done? Our stringent laws do not seem to touch this class of gentry who continue to do a prosperous business the same as ever. The purpose of the law is to put the charlatan out of business but instead the pretender goes free while much needless hardship falls upon many good and capable men who do not fully measure up to the inflated standard. The individual physician must take a greater personal interest in this subject than he has done in the past, not so much to protect himself, as he is already established in business, but because he should stand for principle and to prevent injustice being done to his brothers who follow him, the student of medicine and the graduate who seeks a location. Equal justice should be done to all and the control not put in the hands of a few conceited, egotistical and domineering men. That there is a medical trust is self evident. It is the same evil spirit of monopoly that rules in the commercial world. It means ease to a few, but hardship to the many and is not a question of right but of might. Its object is to boss, to say what shall or shall not be done, decide the educational and professional standards, make or kill a college and say what students may be graduated or what physicians shall be permitted to practice medicine. That the organization has grown large and powerful does not prove any intrinsic superiority or ability, but is the work of schemers who have merely taken advantage of the honesty and apathy of the rank and file of the profession to gain control for selfish needs. The men composing this clique have so entrenched themselves in their stronghold of assumption that they appear to be almost invincible. Physicians in all schools of medicines are beginning to see the situation as it is and naturally resent the false assumption of power and the unjust methods employed to enforce it. Almost as much dissatisfaction is found in the regular profession over this abuse of power as exists among the allies, and the fiat has gone forth that such conduct must cease. The thing that must be done is for all the allies to unite with the public and combine against this monoply. It should be made a political question and an active campaign begun to elect only legislators who stand for a square deal by making equitable laws that will render equal justice to very man.

REFLECTIONS ON MERCURY.

Orin Davis, M. D., Sawtelle, California.

Read before the Southern California Eclectic Medical Society.

As recently as one day last week, by mail we were the recipient of the programme of the annual meeting of the Southern California Eclectic Medical Association. Our attention was attracted by the third number of subjects on the list, "IS CALOMEL EVER A REMEDY?"

Since this question fortokens discussion and incretitude. it awakens apprehension of ante-mortem doom—burial alive as it were. In all fairness methought, it is up to you (in the possible event of funeral obsequies) to drop a sympathetic word to mourners, in behalf of the CHARACTER of Mercury, the logical sovereign of Allopathy. An appreciative recognition of this potential therapeutic idol seems due to the learned member of the orthodox school, at least to those who are still credulous of its divinity and ultimate success.

In ancient history Mercury was personified as the god of cunning and deceit, and his chemical progeny makes good these paternal qualities. Later, in Roman mythology he was reputed to be the successful purveyor of souls to stygian realms over which shades of the dead passed. In modern times this agent is credited with substituting a mercurial disease, (Allos Pathos,) for the cure of all others. If the sufferer does not survive the exchange, it is the demonstration of his incurability.

No earthly entombment of this god of physic has proved final. The miner in cinnabar unconsciously shortens his days in its resurrection, or, if he escapes with life, his lower extremities become paralyzed by the atmospheric subtility of its life-destroying vapors.

All the way along the history of different forms of mercurials, in view of their ultimate as well as more immediate pernicious effects, their remedial use has been questionable. The bichloride as an example—because of the injurious chemical actions and re-actions to which it is liable—when taken into the human system, makes it a haphazardous remedy. The young are not immune from the deleterious effects of this versatile poison. We have frequently observed in children debility of an organ and of tissues, instantly recognized but not easy to define with exactness. The skin indicates humours, and general debility. In such instances it is customary to administer attenuated doses of bichloride, which vitiates the vital processes of nutrition, plunders the blood of rosy vital-

ity, depraves the morphological and physiological functions of millions of cells and sooner or later extends its katabolic changes throughout the complex human organism. A morbid inherited predisposition becomes complicated in mercurial cachexia, which results in pernicious alteration of the tissues and vessel walls.

Associated with this degenerative condition are low fever, mal-nutrition, pallor of the surface, general increasing feebleness and nervous irritability. The degree of functional disturbance depends upon the intensity of the injurious causes, inducing textural changes, opposed by the reparative power —the **vis medacatrix naturi** in the blood itself. Similar obscure toxic effects of mercurials are fully recognized in standard text books.

Every physician in his judgment has been conservative in the employment of this drug, and cautious in its administration. There is no rule to guide us in clearly outlining the degree of susceptibility of the patient to its influence nor by which we can determine his powers of vital resistance to its action. The physician is completely at sea, without rudder or compass concerning its effects upon the sympathetic ganglia. He is witness to the unsolved problem of general organic enervasion, a debility that follows its employment. While languishing on the bed of disease little wonder that General Bonaparte declared that medicine is a system of blind experiments and prescriptions, whose results are more injurious than beneficial to mankind. Exceedingly reluctant to be intimidated by the supposition of entertaining a strong and unreasonable prejudice against the employment of the bichloride, recently it is proposed to vigorously police its use by an active purgative, as salts or senna, to promptly drive it from the alimentary system before it gains time sufficient to put in its dangerous work; yet allowing sufficient time to obtain its peculiar preliminary antiseptic effect. All honor to the manly integrity of our worthy compeers who are brave and independent, willing to encounter opposition and prejudice if need be to discuss this feature of management which has proved successful in their hands.

This brings to us the ideal of Eclectic Medicine. By continual investigation it is a quest to obtain safe and sanative remedies, that under all circumstances will act in entire harmony with vital energies. Not only discover those whose present, but those whose ultimate efficiency may be characterized as corrective, correlative and corroborant of vital function. Is not this the grand stimulus to latent hope and effort,

eonseiously prophetie, and yet patiently abiding its full time of fulfillment? Glorious in eoneeption, and there is nothing impossible that is found to be true, and nothing impossible that may be true, and for sueh a final realization eommands our most strenuous effort. We look forward antieipating "the good time a eoming" when the sunlight of safe medieation will be so bright that there will be no shadow of neeessity for any disease-ereating drug for a remedy, no vaeeine virus to mitigate small-pox poison, none of any kind to eombat virulent diphtheria or any other more profoundly maligant disease. We are looking to the good time eoming when the diseoveries in our materia medica will bring to light strietly aseptie sanative speeifies that praetieally will aecomplish even better results than has ever been transfigured before our spiritual vision. Already seientifie experimentation in this direetion is evolving several agents, not dangerous eounter-poisons but eorreetive antidotes, in this most promising field of fruitful researeh. While yet upon the threshold of its initiative, its diseoveres do not lead to medieal nihilism.

We recall to mind a period when for some time the theory was favorably entertained by the profession, that a thermal water-bath, highly eharged by an eleetrie eurrent, properly manipulated, might induee a ehemieal deeomposition of a mercurial blood and tissue amalgam, for suffieient evidenee at least to give plausible color for this mode of treatment. All attempts however, to establish this theory proved to be abortive.

About this time, in 1850 if I remember eorreetly, I happened to eome aeross a report on this problem, signifieant and far-reaehing, by a eommission of German physieians, who, after exhaustive experimental trials reaehed the deeision. Viz: that any combination of mercury with tissues of the human system is inseparable to every known ageney exeept **destructive distillation.**

Thus briefly and eoneisely stated we submit this paper for your eonsideration touehing the always obscure, and too frequently reeurring abnormal effeets resulting from the eonservative use of mereurials. The responsibility of their employment is personal and lies at the door of eaeh physieian. The advanee we make in therapeuties, (and the time may not be far in the future,) when there will be greater unanimity of opinion if not eomplete aecord upon this question.

ECHINACEA AUGUSTIFOLIA—HEDGEHOG CANE FLOWER.

By John William Fyfe, M.D., Sangatuck, Conn.

Author of "Specific Diagnosis and Specific Medication." and of "Modern Materia Medica and Therapeutics.

Echinacea is not a remedy to be substituted for some other drug for it exerts an influence purely its own and when specifically indicated constitutes one of our most efficient and reliable agents.

In the typhoid conditions which often occur in the various wrongs of life it is many times a much needed medicament, and in malignant sore throat, when used internally and as a gargle, its action is decidedly curative. In spinal-meningitis it is often indicated, and in diphtheria it is employed with great advantage. In scarlet fever a place for this drug is often found, and cases of pneumonia are numerous in which its therapeutic action proves decidedly beneficial. In many cases of remittant and intermittent fevers indications for echinacea are frequently presented, and in cholera infantum it often exercises a corrective influence. In erysipelas it is perhaps one of our most efficient remedial agents. I have employed it in many cases and always with markedly beneficial results, whether exhibited in the form of the specific medicine or the preparation known as echafolta. A reported case will serve to illustrate the positive action of echafolta in this often troublesome disease.

The writer in part says, "I had an attack of erysipelas, the nose being principally implicated. After the fever and general conditions had subsided a tumor about the size of a pea remained in the left side of the nose. Several times this was opened, but the tumor did not disappear and soon closed the passage on the left side. Four months after its appearance I began the use of echafolta, adding two drams to a glass of water, and taking of the mixture two teaspoonfuls every two hours. This treatment was continued for two weeks, when the tumor began to decrease and in a short time it disappeared entirely."

In pyemia echinacea is a most excellent remedy and it has been used in numerous cases with unmistakable curative results. An interesting case of this condition, in which echinacea constituted the only treatment employed was recently reported in the Eclectic Journals. The patient had been confined to his bed for ten days and there was great swelling of the left leg extending to his groin. The left arm and hand

were also badly swollen from the tips of the fingers to the shoulder. His abdomen was much enlarged, and passing urine caused considerable pain. The temperature was 104° F. An incision was made in the left knee when a large quantity of pus escaped and the same operation on the shoulder caused a pint of pus to be evacuated. The patient was then put on echinacea, ten drops in a little water every two hours. The drug was applied externally by dipping gauze in a mixture of echinacea and warm water, and wrapping the parts affected with it. No other medicine was used, and a complete recovery was promptly secured.

Echinacea has been extensively employed in various forms of blood poisoning and always with decided benefit. In sections of the country where poisonous bites are often seen echinacea has often proved a most valuable medicament. One writer says that in the case of a boy who had been bitten by a rattlesnake, making a severe lacerated wound, he bathed the leg with echinacea and injected into the wound thirty drops of the remedy. He then saturated a bandage with a strong dilution of the drug and with it tightly bound the part affected and had it kept constantly wet with the medicine. Thirty drops of echafolta were given internally every two hours. In three days the wound was healed and the patient apparently well, but the remedy was internally administered three times a day for one week.

No remedy can be more safe and effieient than echinacea as a dressing for lacerated wounds. Gauze placed around the injured part, and kept saturated with a strong dilution of the medicine will prevent sloughing, relieve pain and favor a speedy healing. The dressing should be renewed every few days.

Echinacea is an alterative and antiseptic of wonderful power.

The dose of specific echinacea (or a good fluid extract) is from one to sixty drops but from one to thirty drops constitutes a dose which is usually efficient.

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

Ovid S. Laws, M.D., Los Angeles.

I must not overlook my old friend Thuja that I find here on many lawns as an ornamental shrub. But few of our tinctures have been used by me, in the last 25 years, more than Thuja. I presume it is familiar to most readers of our Journal, and all that I need to say is that I can endorse most that has been written concerning it. I am sure its value is not

over rated. I prepare my own tincture usually, but find on comparison that it is not equal to the "Specific Thuja" in strength, so I make it up in quantity.

I have used it extensively as a local antiseptic and pain reliever in epithelioma and other forms of cancer, some of which had been maltreated with the "X-Ray" and some other ways. For this purpose I use equal parts of tincture of Thuja and Olive oil, well shaken up each time before applying, usually on absorbent cotton. When I can get it, I use Lloyds' oil of Thuja for this purpose, in olive oil 9 parts and Thuja 1. But I cannot get Lloyds' oil of Thuja without sending to Cincinnati for it, which adds to my work and is neglected. Thuja is such a pleasant article that it is a pleasure to use it when needed, both internally and externally; hence those that have not yet become familiar with it would do well to look up the literature concerning it so as to take advantage of every opportunity to use a pleasant remedy. Back in Kansas it is much used as an evergreen ornamental shrub, and it is known by the name of "Arbor Vitae," meaning tree of life, and is a suggestive name.

Along the sidewalks here we have the beautiful Jacaranda, a tropical tree, growing 20 to 30 feet high, and just now (July 10th) is in bloom. It presents a magnificent appearance with great clusters of bi-pinnate leaves looking like ostrich plumes dyed green, and now the rich purple blossoms that bank themselves here and there make it an object of delight.

A tincture of this is prepared by Lloyd Brothers and is recommended for nervous troubles and epilepsy and as an antisyphilitic. My only use of it was in a case of epilepsy without any apparent benefit. If Jacaranda is a good remedy for syphilis, it is a pity that it cannot get into the hands of those who are so freely working the mercurial fraud for that purpose. My remedy for that disease was given in a previous paper, and need not be repeated here. But I would like to know of some one's actual experience with Jacaranda. The color of the blossom indicates narcotic properties, according to my way of forming an opinion from the external appearance of plants.

We have many varieties of eucalyptus here that are worthy of mention, and well known in medical literature. I have used the red gum to some extent in the form of an infusion of the leaves for sore throats. It is a fine astringent and gives quick relief as a gargle.

The oil of eucalyptus globulus is of value in many conditions. It is far more curative than the much used menthol,

for the same purposes that menthol is used. I have used it much in a nebulizer for bronchitis and find it curative. I met an Australian Doctor some years ago here in Los Angeles, who claimed to have discovered how to combine the oils of several varieties of eucalyptus, so as to make an effective remedy for all sorts of cancers, and painless, of course. But I presume his success was about like that of all who have painless remedies for cancer. They may cure some old sores, but never a cancer.

DIETETICS.

Q. A. R. Holton, M.D., Whittier, Cal.

"Is life worth living?"

"Well, that depends on the liver."

This is one of the puns that compresses a very large truth into a very small space, no matter which definition of the word liver you take, or whether both. The chocolate colored organ in the right hypochondrium has long been known to wield a mighty influence over the happiness of its possessor. The patient with a coated tongue, constipated bowels and a long face, who goes around rehearsing his or her troubles, and soliciting sympathy, is familiar to all of us; and we immediately render verdict against the liver; and the well known remedies administered to properly chasten to more active performance of its duty, the supposedly sluggish organ, often bring relief, and this has been taken as convincing evidence that the verdict was a just one. But the accumulated evidence of careful investigators during the past few decades, has reversed the verdict. The fault lies, not with the little automatic brown liver, but with its master, the big white liver who overworks it.

The temporary benefit derived from supposed liver stimulants is wrought in quite a different way, namely the cleaning of the alimentary tract of accumulated bacteria and their poisons and consequent relief of the over-worked liver. For we must remember that the chief function of the liver is to neutralize and protect the system against certain poisons found floating in the blood, one source of which is a foul alimentary canal. The liver is a sort of septic tank, at it were, and when its capacity for taking care of the poisons sent to it is overtaxed, the general blood current carries these poisons to all parts of the body and then trouble begins.

A. Mayo Robson, one of the great surgeons of England, in his work on "Diseases of the Gall Bladder and Bile-duct," gives the result observed in a number of cases where he had,

by operation, found biliary fistula. These fistula gave ample opportunity to measure the exact flow of bile. He administered successively calomel, euonymin, rhubarb, podophyllin and iridin without any increase in the amount of bile secreted in the 24 hours, but in nearly all of them a small decrease. Evidently the relief these remedies bring is a result of cleansing, rather than an increase of secretion. And the increased flow of bile into the bowel following their use in some cases is merely the turning loose of the accumulated and pent up bile from the gall bladder by opening up the obstructed gall duct.

These bilious conditions are usually brought on by constipation, over eating, bolting food and especially the consumption of large amounts of proteins, and can be cured only by correcting these habits. The best diet for these cases is raw, well ripened fruits, in quantities as large as can be borne without setting up fermentation—fresh, well cooked vegetables, especially greens. The tender tops of turnips, beets, mustard, dandelion, etc., are very curative. Buttermilk is also decidedly curative in these cases. It is at once food and medicine. It seems that the bacteria developed in the lactic acid fermentation have the power and the inclination to make successful war on anaerobic microbes infesting the constipated bowel, and especially the proteolytic microbe, or that developed in the decomposing remnants of protein food stuffs which linger too long in the bowel. One point must be insisted on in order to cure these bilious cases. **The dietetic course suggested must be not in addition to the ordinary diet but in place of it.**

Citric and other fruit acids are also antiseptic to the contents of the bowels and are indispensable in permanently overcoming autotoxemia. Cholagogues, while affording temporary relief, never cure these cases, but eventually weaken the digestive organs till they finally lose their power to act at all on their own initiative. Not so with the dietetic cure—if supported by proper exercise, clothing, baths, etc., the cure is permanent and the patients are lifted out of the slough of despond on to a higher, brighter plane, so long as they adhere to proper dietary and hygienic living.

BERBERIS AQUAFOLIUM.

W. Leming, M.D., Secy., Lexington, Kentucky.

The following is the report of the "Eclectic League for Drug Research" on "Berberis Aquafolium":

Specific Indications: Chronic or sub-acute eruptions on the skin, accompanied by hepatic torpor, general lassitude, and other evidences of incomplete tissue metamorphosis.

The whole plant contains several alkaloids and principles, the most common being Berberine, which is found in Hydrastis, Podophyllum, Calumbo and a great many of the so-called alteratives and tonics.

Its action on the skin, however, is something more than that of Berberine, which is pre-eminently the muscle remedy, although that principle must play an important part. Since Hydrastis has reached its expensive plane I have gradually found Berberis capable of accomplishing that drug's work and often acting better than it was wont to do.

In at least thirty or forty cases of Syphilis, Berberis, combined with other drugs as indicated, has given excellent cures, removing the skin signs, as a rule, within three months.

If continuously given, other actions may be expected as constipation, derangement of the stomach, etc. It appears not so much to remove effete material from the body as to merely throw it into the blood and its action being enhanced by the addition of Echinacea, Lappa, etc.

Speaking of the encrustation on the scalps of infants, Dr. Fuller of Kentucky says that, in a large number of cases he has never had it fail. Dr. Waddington of Michigan praises it in the scaly syphilides. Other uses mentioned were the acnes of the faces of women, dry eczemas, various gastro-intestinal troubles marked by torpor, etc.

I am using it at present in a case of Psoriasis of fourteen years standing, complicated with Syphilis of one year's duration. Its use in three weeks has almost removed external signs and the patient is enthusiastic.

Large doses must be used and decreased as the torpidity decreases, ceasing its administration if untoward signs appear.

The study for July is Chionanthus: for August, Thuja, September Geranium Madulatum. Reports are solicited.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE NATIONAL AT CHICAGO.

The thirty-ninth annual meeting of the National Eclectic Medical Association was, in these particulars, like the preceding ones. Some of the members believing that a serious crisis is at hand, become alarmed and look solemn; while others, by inheritance and training, still more pessimistic, really believe that the cause of Eclecticism is "going, going, gone.". And so the little fire crackers splutter and the big rockets soar, to the edification of the performers and the great joy of the hearers. By and by the loud noise is heard no longer; the smoke ascends to brighter regions, and it is discovered that as a total result of the fierce battle, one man got his whiskers singed.

Then the new officers are elected, and every man goes home feeling that the Association has been saved again, and that he helped to do it. Quite incidentally a few papers are read and a few members, who like to talk, discuss them as often as the chairman will permit. In this manner it is that our Association, and others, grow year by year. It seems to be an evolutionary process, for a description of one is a description of all.

However, it may be of interest to our readers to know that the Bennett Medical College has withdrawn from the Eclectic

Confederation of Medical Colleges, presumably for the purpose of joining the Allopaths. We doubt if this move is a good one for it, but we are quite sure that it is a good one for the Confederation. Quite naturally some of the men connected with Bennett resigned from the Association, and probably some more of them will do so. Again we doubt if this move is a good one for them, but we are quite sure that it is a good one for the Association. Since they are no longer in harmony with the Eclectic cause, their affiliation is not wanted. They have done the right, the gentlemanly thing by withdrawing, and we commend them for it; moreover, if there be any others who feel as these do, we shall be delighted to bid them Godspeed, also.

The state affiliation plan proved to be a wise move, and doubtless will result in much good. There are now about one thousand members in the Association, and on adjournment, there was $1,775.00 in the Treasury and all bills paid.

It was decided to supercede the Annual by a Quarterly, and the Editorial work was changed from the office of Recording Secretary to that of the Corresponding Secretary, a change which equalizes the work very much.

The entertainment given by the Illinois Eclectics was very enjoyable and greatly appreciated. Dr. Graves headed the Committee on arrangements, and its work deserves great credit.

The next place of meeting is Boston, and the officers elect are: President, Dr. Geo. W. Thompson, New York City; 1st Vice-President, Dr. A. F. Stephens, St. Louis; 2nd Vice-President, Dr. F. P. Hatfield, Grenola, Kansas; 3rd Vice-President, Dr. H. H. Blankmeyer, Honey Grove, Texas; Rec. Secy., Dr. W. P. Best, Indianapolis; Treasurer, Dr. E. G. Sharp, Guthrie, Okla.; Cor. Secy. and Editor of the Quarterly, Dr. W. N. Mundy, Forest, Ohio.

SOCIETIES.

Address of President Scudder.

Historical.—In 1829 Wooster Beach with his Reformed Medical School, entered a vigorous campaign in behalf of a more enlightened system of medicine in the United States. He set forth the motto, "Vires vitales sustinete," and from that beginning the Eclectic system was developed. We meet today to do our part in perpetuating a record of eighty years, and to plan continuing the mighty work that lies before us.

Our National Eclectic Medical Association was organized in 1849, and was reorganized in 1871, since which date it has held continuous sessions. Numerically, there are now about

110,000 practitioners in the United States, of whom possibly 60,000 are of the dominant school, variously known under the term Allopaths or Regulars, but who prefer to be called simply "physicians." Probably there are 10,000 Homeopathic physicians, followers of Hahnemann, and 8000 Eclectic physicians who constitute the American school, and who have done more than all others to develop the American materia medica.

The remainder embrace physio-medicalists, or followers of Samuel Thompson, Osteopathic disciples of Dr. Still, hydrotherapists, mechano-therapists, chiropractitioners, and others we need not mention.

By reason largely of past cruelties and dogmatism of the dominant school, and the acknowledged medical pessimism of its present leaders, there is, among laymen, increasingly, a widespread distrust of the ordinary practice of medicine, while among physicians of the dominant school there is by reason of the failure of their past methods and the abandonment of past ideals and processes, correspondingly abundant evidence of a loss of respect for the therapeutic action of their drugs. The necessity for bettering medicines and medical practice would alone be sufficient cause for our independent existence, and shows, as well, the necessity for organized efforts in behalf of progress in therapeutic science.

Eclectic Medicines.—Our success in the past has been directly due to the value of the Eclectic medicines and the medicinal plants introduced by our practitioners. There is at the present time, owing to the demoralized condition of the remedies used in Regular medicine, greater inquiry than ever about the Eclectic remedies. One of our principles has ever been the giving freely to physicians of other schools, as we have freely profited from all. This process we must continue, not only because we should make a fair return for what comes to us from the outside, but because the people at large profit by the uses of remedies established, as are ours, in disease expression. By such methods the cause of Eclecticism is also maintained and elevated.

Were scientific research and everything of therapeutic value embraced in the accomplishments of the dominant school of medicine, or possible of accomplishment by its methods, there would be no need for our national gathering here today. But the rules of that school, even more dogmatically applied than heretofore, restrict its membership to the use of a few substances and fragmentary processes that its rulers make **regular.** Now, as never before, that which is thus denominated **regular** fails utterly to agree with the opinions of

a great, independent class of thinking physicians of that school, who feel that in the direction of therapy, which is the physician's chief object in professional life, they have a right to independent thought and action.

On a common anatomy, physiology, theoretical chemistry and kindred fixed sciences, the schools are practically united. But now, as heretofore, they differ broadly and diverge widely concerning clinical medicine, and especially is this so since the dominant school, becoming wildly possessed of their craze in the direction of laboratory experimentation on animals in health, has let go of the remedies that were "regular" in the past. It is now wandering in chaotic confusion among laboratory-tested serums, toxins, anti-toxins, and coal-tar or dye-house synthetics, most of them untried by the profession at large. It is safe to predict that from their record in the past, when these fads pass only a few of the products now lauded as "cure-alls" will remain.

But the Eclectic school holds fast to that which it has demonstrated and has proven good, adding to the materia medica, as experience in disease shows, a remedy worthy of use in disease. But it adds only that which is of unquestioned value in practice; it does not jump from fad to fad, from this thing new to that thing newer, each to be forgotten, when, later, the next German synthetic in the way of a novelty arrives.

The rational cure of disease by small doses of single medicines prescribed according to the doctrines of specific medication, established over thirty years ago, carries our practitioners to continued success. It is a rock on which we stand entrenched. While the Regulars are becoming nihilists because they have little left out of the past, and but little hope for the future, if the past be indicative of the future, our principles and our remedies are increasing in favor, both nationally and internationally.

Laboratory Ideas.—Concerning these problems, we can well repeat what President Copeland said before the American Institute of Homoeopathy at Kansas City last June.

"The laboratory idea has run rife. Much of scientific value has been discovered, but all is yet too new, too unassimilated, to be of value to the practitioner. It is of no interest to the patient to be assured that this or that germ is the cause of his trouble, that this or that pathological change has occurred in his tissues. What he wants to know is, what will cure him? The argumentum ad homonem, is, What can you do for me?

The general profession is rich in scientific theory, but speaking now of the Allopathic branch, poor in remedial resource. Among the laity there is, in spite of Collier's attacks, an increasing use of patent medicines. Quinine and opium are imported in large quantities, and the annual consumption of drugs is estimated, by a conservative statistician, at about two gallons, exclusive of liquors and cordials, for every man, woman and child in the United States. Probably a large per centage of the increase in heart disease may be attributed to the pernicious habit of using headache powders. Likewise, many of the deaths from pneumonia are doubtless the result of cardiac depression following the use of antipyretics."

The Eclectic school in medicine is essentially American. Our materia medica is mainly from indigenous plants, and our symptomatology and uses have been established by bedside study of the sick, not by laboratory experiments on healthy animals.

Although we favor the study of histology, pathology, bacteriology and kindred sciences, as aids to the practice of medicine, we strongly maintain that in so-called "Regular" medicine the great prominence given these branches, and the neglect of legitimate therapy, has been to the detriment of legitimate and applied therapeutics. What benefit all our struggle and research if the results are to be determined by a post-mortem?

Mortality Statistics.—Notwithstanding the wonderful claims of the laboratory enthusiasts, one will find, on comparing mortality statistics of the census of 1900 with that of 1890, that deaths from pneumonia, cancer, apoplexy, diseases of the heart and kidneys, diabetes, and in some cases, even diphtheria, are in the increase. What a testimonial is this to the fallacy of the serum exploiters who preceded them.

Fortunately, the greatest scourge, tuberculosis, with its widespread ravages, is on the decrease, and its prevention, through the intelligent educational instruction given to the masses, is very noticeable. This, however, is largely due to the abandonment of past heroic medication, and its replacement by ideals long advocated by Eclectic and Homoeopathic systems of medication, for in these directions are to be found the leaders in materia medica and rational therapeutics.

Absorption.—some time ago the Regulars planned a system of absorption, with the purpose of smothering all practitioners but those of their own school. Our men and the Homoeopathics were adroitly invited into their county societies and local conventions, and were then seated in dark cor-

ners. Owing, however, to this treatment, as well as to what our men found so uncongenial in the line of faulty medication and ignorance in therapy and materia medica, the stragglers who were thus caught in the net gracefully crept out again, and are now coming back into their own fold. The only home of an Eclectic or a Homoeopathist is in his own family, and this is especially true in the case of the weak brethren.

It should not be forgotten that from the very beginning of the Eclectic crusade, all reforms that we have advocated have been decried by the leaders of the dominant school. Our colleges have been considered "irregular," our teachers illiterate, our principles unscientific. Our practitioners have been derided, and we have been, as a whole, classed as unfitted either to teach or to practice medicine. We have been graded down on things we considered secondary in medicine and that do not make a feature of the curriculum of our colleegs, and given no credit for what we believe vital to the practice and make prominent in our teachings. Thus, now as in the past, we are beng decried by self-styled critics, who formulate rules, and then judge the standing of all physicians by their self-made, one-sided regulations.

Notwithstanding all this as has been said, our methods and our medicines have gained in standing, whilst those of our critics have disappeared. This condition of arrogant domineering prevails today, and yet, when the history of the future is written, it is to be predicted that the conservatively studied and clinically established Eclectic remedial agents yet to come will be standards of the future, as they have been in the past.

Numerical.—Statistics show that we now have 8000 Eclectic physicians successfully practicing in every state in the Union, thirty well organized state societies, and probably fifty district or local societies. We publish ten journals, and should strongly support these and our Eclectic colleges. In this connection, it should not be forgotten that the Eclectic colleges must be filled with students to care for the people demanding Eclectic graduates in medicine, if we do justice to the people and ourselves. These young men must be shown to our colleges by the Eclectic profession. College profesors do the teaching, but they cannot do this and also go out and find men to fill the benches. Let every member of our Alumni and every Eclectic physician seek a qualified young man for a life work in a successful profession, and then see to it that he matriculates in an Eclectic college.

The energetic secretary of our Council on Medical Education will tell you more in detail of work connected with our colleges. I shall therefore simply append a list of colleges, with the final remark that they all need and have a right to expect your individual assistance. If each of our members would procure one student every four years, the present college buildings would be incapable of holding the classes.

Our Teaching Establishments are:

American Medical College, St. Louis, Mo.
Bennett Medical College, Chicago, Ill.
California Eclectic Medical College, Los Angeles, Cal.
Eclectic Medical Institute, Cincinnati, Ohio.
Eclectic Medical College of the City of New York.
Georgia College of Eclectic M. & S., Atlanta, Ga.
Lincoln Medical College, Lincoln, Neb.
Western University of Eclectic M. & S., Kansas City, Kas.

Membership.—By a careful comparison of the average receipts for dues and initiation fees for the past seven years, I find that the average collections have been $1,427, and the average annual expenditures $1425, showing an average paid-up membership of but 285 members. We have, however, been carrying a nominal membership list of 500, and sending out about 400 bound Transactions annually.

By carefully considering the foregoing you will readily see the strong advisability of the plan adopted last year, to-wit, that of accepting all state society members at the nominal price of $2 per capita per annum. We have an estimated state society membership of over 2,300; if but 1200 of these average annual payments to our society, it will give us a revenue of $2400, nearly twice our present revenue.

I would recommend the immediate passage by unanimous consent, of the amendment proposed by our Committee on Constitution, placing the annual dues of members residing in states where there are no Eclectic societies, or in states declining to adopt our new plan, at $3. This will be fair to both classes of members, and it is evident that most states will adopt the $2 per capita plan.

Transactions.—I believe we should abandon the old plan of furnishing a single bound volume of the Transactions, and should provide immediately for our publication of papers and proceedings, in the form of a quarterly journal, octavo in size, of 80 pages per issue, making 320 pages per year. This to go by mail to all members of the National.

The average annual cost of our Transactions and occasional bulletins for seven years has been $651. I am satis-

fied that we can publish and circulate, to members and others, as second-class matter, a publication which might be called "The National Eclectic eMdical Association Quarterly."

In order to bring the matter to an issue, I suggest that we arrange for the mechanical part of the publication, at a cost not to exceed $800, and that the secretary or an editor be employed to do the editorial work. I am convinced that the benefits to accrue to our Association by this plan are manifold.

As to Eclecticism in general, I am happy to say, never were there greater opportunities than the present for proving to the world the efficiency of her splendid system of medication, and if Eclectics arise to their opportunities and select intelligent well educated high school graduates for prospective students, there can be no question as to the future of the American system of medicine—Electicism. (Chicago Medical Times.)

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

STATE SOCIETY.

The Eclectic Medical Society of the State of California met at the Parlors of the Hotel Stewart, San Francisco on May 25-25-27, 1909, with a good attendance.

The meeting was presided over by the president, Dr. J. A. Munk. After roll call of officers, the minutes were read and adopted. The Secretary's report was then read, after which the president appointed the following committees:

Necrology: Drs. W. A. Harvey, F. G. deStone, J. Stark.

Press: Drs. J. T. Farrar, J. Park Dougall, J. B. Mitchell.

Affiliation of the National: Drs. Tomkins, U. C. Coe, J. A. Munk.

After the disposal of miscellaneous business, Dr. Farrar read a paper on "Echafolta," the discussion of which was delayed until Dr. Mitchell read his paper on "Echinacea." A very liberal discussion was opened by Dr. Vandre, followed by Drs. Gere, W. A. Harvey and Bailey.

Dr. O. S. Laws, of Los Angeles, presented a paper on "Tuberculosis" which was discussed at length by Drs. Farrar deStone, Clark, Tomkins, Gere and Dougall.

This Society decided by resolution to affiliate with the National body.

Dr. Millasich's paper "Sting-ray Fish Poisoning" was very interesting, and was discussed by a number of those present.

Dr. Fearn's two papers, "Nuclein" and "Cancer" were very liberally discussed. Dr. Childs paper being a report of cases was discussed by Drs. Mitchell, Munk and Vandre.

Dr. Gere's paper advising radical operations in hernia was then read and was ably discussed by Drs. Fearn, Vandre and Farrar.

Dr. Dougall's report of cases treated by Vaccines was discussed by Drs. Vandre, deStone, Hervey, Maclean, Fearn, W. A. Harvey and Clark.

Dr. Maclean's report of Toxic effect of serum was discussed by Drs. Dougall, Vandre, Hervey, Clark and W. A. Harvey.

On Thursday morning the officers for the ensuing year were elected as follows: President, Dr. J. T. Farrar; First vice-president, Dr. A. S. Conner; Second vice-president, Dr. A. J. Atkins; Recording Secretary, Dr, J. Park Dougall; Corresponding Secretary, Dr. Florence V. Cheney; Treasurer, Dr. C. H. Hervey.

Board of Censors: Drs. Tomkins, Hunsaker and Clark.

On Thursday afternoon the Society adjourned to the Cutter Laboratory, Berkeley, where the manufacture of Vaccine and Antitoxine were fully described by Mr. Towbridge of that Institution.

The Society adjourned to meet in Los Angeles, in May 1910.

DR. J. PARK DOUGALL, Secretary.

NEWS ITEMS.

Dr. J. A. Munk has moved his office from the Security Building to 337½ South Hill Street.

Dr. G. F. King, Seattle, Washington, has decided to return to China, but has not decided on his exact location.

Dr. U. C. Coe, Bend, Oregon, writes that he has returned from New York where he took a six weeks post graduate course in Obstetrics, Gynaecology and Diagnosis.

The regular meeting of the California State Board of Medical Examiners will be held in San Francisco, beginning August 3rd. This is the first examination held by the new board appointed by the Governor in May. The Eclectic members are Dr. Charles Clark, San Francisco, who gives the examination in Bacteriology and Dr. W. M. Mason, Lodi, who examines in Pathology.

Dr. Hanna Scott Turner, Pomona, was in the city recently on business.

We have received the report of the Severance Hospital, Seoul, Korea, for the year 1907-1908.

Dr. and Mrs. J. C. Solomon and son spent the month of July in a pleasant vacation among the mountains in their automobile.

Married: Mrs. Belle Ward Scudder and Dr. H. Ford Scudder were married on June 18th at Redlands, California. The Journal extends congratulations.

Dr. John Fearn, Oakland, has retired from general practice and will confine himself to office work giving special attention to diseases of the Chest, Stomach and Blood.

The next meeting of the Los Angeles County Eclectic Medical Society will be held at Long Beach on August 3rd. Drs. Peree and Harvey will entertain the members and their wives and husbands at a picnic dinner at 6:30 p.m., and they hope there will be a good attendance.

Dr. R. E. Kunze, of Phoenix, Arizona, has an original manuscript on materia medica which he started years ago, but never finished. He writes that he has again taken up the work and will complete it as soon as possible. When printed, the volume will be a valuable addition to Eclectic literature. The author is an eminent scientist whose specialty is botany.

Dr. and Mrs. H. T. Webster and Dr. and Mrs. S. P. Tate of Oakland, California, compose an automobile party who are touring Los Angeles and the littoral of Southern California. Dr. Webster is well-known to the readers of the Journal and Eclectics everywhere for the good work he has done. He is the

author of several valuable Eclectic books on materia medica, therapeutics and practice, and is an earnest worker for Eclecticism.

The state meeting of the California Eclectic Medical Society which met in San Francisco in May, was an earnest, harmonious and successful gathering. Dr. J. T. Farrar of Berkeley was elected President, who will push a vigorous campaign for a successful meeting in Los Angeles next year. Affiliation of the State Society with the National Association was adopted.

The California Eclectic Medical College has moved into its new quarters at 337½ South Hill street. It is centrally located and accessible by street cars from all points. The building is new and modeled to meet the needs of the college. Every department is fully equipped and prepared to do thorough work. The indications from correspondence and otherwise are that there will be a good class in attendance.

READING NOTICE.

OUT OF THE ORDINARY.

Abbott's Saline Laxative has two features which distinguish it from the common run of saline cathartics: First, when taken in cool (not cold) water immediately on rising, it acts **once**, in an hour or two (a clean, satisfying flush) and usually no more; whereas ordinary salines keep the patient busy all day long. The annoyance of this when one is away from home or busy in business is great. Besides, there does not seem to be any failure in the action of this saline when used continuously for long periods—no habit forming necessitating increase of dose, but rather the reverse.

In the trade everywhere. Samples sent to interested physicians by The Abbott Alkaloidal Co., (Chicago) on request,

The California Eclectic Medical Journal

Vol. II SEPTEMBER, 1909 No. 9

Original Contributions

ALCOHOLICS.

Q. A. R. Holton, M. D., Whittier, California.

Read Before the Southern California Eclectic Medical Association.

Probably no single article is the subject of so much or so heated discussion as Alcohol. And I do not appoach it with the hope of saying anything new.

My aim is briefly to review some of the changes that have taken place in opinions as to its value both as a medicine and as a beverage. Dr. Paracelus some time in the 15th century, I think it was, discovered the method of distilling alcohol and thought he had discovered the elixir of life; but, it is said, he died of alcoholism. But the use of fermented alcoholics as a beverage and as a medicine dates back to the dawn of history. Noah made wine and got drunk even after his long ride on the water wagon. All through the ages the dire results of the excessive use of wine and other alcholics were recognized and condemned by the wise and prudent. But the mass laid the blame of the bad results not at the door of the thing itself but at the door of the victim. Wine was a life giving cordial, a soother of all troubles, a gift of GOD.

Such was the estimate placed on it by the populace and the profession throughout ancient and medieval times by all Christian nations. So complete was this homage that wine was taken along with bread as the emblem of eternal life and enthroned in the church with supernatural power to cleanse from sin and impart spiritual life.

Exceptions to this homage are found in some of the wisest Oriental Philosophers and rulers who condemned its use entirely. It is said that ancient China by edict of its rulers dug up and destroyed every grape vine in the empire, thus completely eradicating wine from the land for many centuries; and China survived to see the rise and fall of Greece and Rome and many other bibulous nations. Notwithstanding the great part it has so plainly played in the downfall and destruction of so many of the great and good, yet through it all it held its place of esteem and homage. It was believed to be a remedy

for all the ills of flesh and spirit. It has been the constant prop, on which has leaned in confidence of its power to support, all classes in all emergencies of life. It was supposed to inspire the poet, to sanctify and add unction and power to the efforts of the priest and minister of the gospel; and was freely and perhaps honestly used for these purposes. The lawyer at the bar, the judge on the bench, the statesman in the halls of legislation relied on it to stimulate and sustain them through their arduous labors. And the Doctor—Ah—to disarm him of this "All heal," this universal panacea, was to render him helpless before the onslaughts of disease.

From the parturient chamber to the death struggle of the aged it was his constant reliance. Should everything else fail he could and did fall back on this. Not only did patients need it but he himself could not be expected to brave the wintry cold, the summer's heat, the drenching rain and the drifting snow, the loss of sleep and the strain of nerve without this sustaining help, and he did'nt. At least most of them didn't. And yet all these have not been blind to the evils caused by alcohol.

They have beheld and lamented the ever widening stream that was bearing vast numbers to despair and death, but what could be done? Because some allowed it to get the mastery over them was no sufficient cause for banishing a thing so valuable and absolutely necessary in so many emergencies. With more recent light it now seems strange with what confidence many of the older physicians of this generation used to rely on whiskey, brandy, beer and gin to meet a multitude of conditions. We gave our consumptives whiskey compounds or whiskey straight believing it improved digestion, enriched the blood; furnished food and heat for the failing body. We now know that it injured digestion, poisoned the bood and is not a food in any sense and does not generate normal heat, but is a frequent and direct contributor to the development of tuberculosis.

We formerly gave gin and beer to increase the action of the kidneys. We now know that these are promoters of nephritis and kidney degeneracy.

Not so very many years ago a doctor who failed to give his typhoid patient freely of whiskey was almost guilty of malpractice in the estimation of a large percentage of his medical brethren. We now know that it added poison to poison in typhoid and so contributed to the death of thousands.

Formerly these so-called stimulants were relied on as preventives in epidemic diseases. We now know that their use only opened the door and invited the intruder in and then

joined hands with him in the destruction of the trusting victim.

Every surgeon now approaches an operation on an alcoholic subject with trepidity well knowing the dangers that lurk in his poisoned blood and tissues. Within the memory of some of us it was common to give freely of whiskey before and after an operation.

So recently has the dominant branch of the medical profession (and some others) relied on whiskey to stimulate and sustain the lagging heart in the critical stage of Pneumonia, that one almost hesitates out of friendly regard for their feelings, to remind them that this course of treatment to the exclusion of rational, tried and proven therapeutic agents is a chief cause of the high mortality in this disease for it is now known that alcohol does not stimulate the heart in any protracted strain.

This then seems to be its last ditch. One by one the props have been knocked from under this all around pretender by scientific research.

Let us see how far we have come along this line of changing opinion and absolute knowledge, since the old days of homage. It is not a universal remedy, but a poisoner of the system. It is not a food but a block to digestion. Not a preventor of waste, but a clog to the kidneys. Not a prophylactic but a cause of disease, not a heat producer but a hindrance to metabolism on which normal heat depends. Does not protect the body when exposed to extreme cold, only paralyzes the sensory nerves. Not a sustainer in heart weakness or strain, but a paralyzer of muscular fiber. Not a stimulant in the sense of increasing normal activity in any organ in the body but always and everywhere a poison. An excitant primarily as are all poisons and a paralyzer secondarily.

These changes of opinion have come about mostly in the last half century with its improved laboratory work and its rapidly widening field of operation. The Russian Physiologist Pawlow who stands at the head in the line of digestive processes has thrown some valuable light on the action of alcohol in the stomach. Time forbids that I even briefly review these investigations but they, with the researches of many others point to the complete downfall from the field of therapeutics of this once universal remedy and its confinement to the field of mechanical and chemical arts. And, we only await the gradual yielding of long habits and old prejudices among physicians to the new knowledge. Then we shall see an end of prescriptions with "Spiritus frumenti" as a base.

What has been the secret of the hold of Alcohol over the human family? By what occult power was this Colossus able to masquerade all through the ages as an angel of light and mercy?

Briefly let us examine its known action as revealed by recent research.

Pawlaw demonstrates the existence of a secreto-inhibitory influence presiding over the gastric glands and pancreas. Powerful and unusual agents as ice water, sol. nitrate of silver, etc., poured into the stomach caused great diminution of the activity of the peptic glands lasting several hours or even days. This effect on the secretory glands was caused by the inhibitory influence of the nerves controlling peptic activity as a defense against the dangers of injury from the unwelcome and injurious substances. This inhibitory influence extended to the small cavity of the stomach where the disturbing agent had not touched thus showing that the action came from the nerve centers and not merely from local action of the peripheral nerves. But in the case of alcohol there was a reversal of these effects. Instead of an inhibitory action of the nerves closing the door as it were in the face of the intruder there was paralysis of inhibition and a consequent increase of acid juice. This paralysis of inhibition and consequent pouring out of gastric juice abnormally is doubtless the stumbling block that causes so much misunderstanding as to the effect of alcohol on the digestion. One can easily see that some cases of indigestion dependent on insufficient acidity of the juice would be temporarily relieved by this increase of the flow. But we know what would ultimately take place, exhaustion of the glands and complete breaking down of digestion.

Again in case of over strained heart in pneumonia, the increased action of the heart under alcohol may have been and I believe was caused by a temporary arrest of inhibitory action of the vagus over the heart. The consequent increased excitory action was mistaken for healthy stimulation.

In typhoid the lowered temperature and other seeming amelioration sometimes following the use of alcohol was but the depressing and paralytic effect on the nerve centers similar to that produced by the coal tar preparations.

This unbalancing of the excito-inhibitory nerve action is characteristic of alcohol in all its spheres of influence. The sense of exhilaration following a full dose is but the temporary flooding of the brain with blood by means of capillary relaxation and this capillary relaxation is caused by partial paralysis of the vaso-motor nerves.

In the realm of mental activity it maintains its paralyzing reputation. A moderate amount will unbalance the inhibitory function of the mind and send the victim off into volubility. He runs on like a machine without a balance wheel, which in fact he is. He imagines he is saying smart things, laughs and expects his friends to laugh at his senseless drivel. He thinks he is making a great impression on his friends, but they know he is only making an ass of himself and hurry him off. His mental inhibition is suspended. So also in the moral field. Under its influence his normal control over his animal passions and instincts is paralyzed, and he is liable to commit any crime in the category.

Thus has this wily Lethean spirit of wine committed the rape of the soul, while clothed in the livery of heaven.

ECHAFOLTA.

J. T. Farrar, M.D., Berkeley, Cal.

Read before the California Eclectic Medical Society.

I have limited my practice to Echafolta having ceased to use Echinacea from force of habit.

I will not write an extensive account of all that Echafolta will do, but note just a few of the many good things that the drug will do from a clinical standpoint.

If we are to be excused from running in grooves and remaining at a standstill in the use of certain ideas, that one idea might be in the use of Echafolta.

While we do not prescribe remedies for names of diseases yet we will always find a condition in typhoid fever that will call for echafolta. In this disease I use but little food, if any, and seldom use the sedatives, but I remember a single case in which I did not use echafolta. I usually prescribe about gtt x in a four ounce mixture. Mild doses are necessary to prevent deranging the stomach. Typhoid calls for large quantities of water and frequently repeated, and medication may be simplified by using small quantities of echafolta in the water.

In diphtheria especially of the septic type, I use echafolta both internally and as a spray.

Probably the most marked place for the use of echafolta is in indolent ulcers. My method is to first cleanse with a ninety-five per cent. carbolic acid followed immediately by alcohol, for it is a known fact that alcohol corrects any injurious effects of carbolic acid. After the surface becomes dry I use echafolta straight, and while the surface is still moist I dust on calomel. I never permit an ulcer to be cleansed with water. In fact I have but little use for water in the cleansing

of any wound. In all skin diseases I avoid water unless it be mixed with Rose, Florida or some other scented material.

In erysipelas I seldom use anything other than echafolta given both internally and externally. Here I give larger doses, usually five drops every three hours while externally I use all the way from a 25% solution to the straight article.

In conclusion I will note two cases: A Mr. B—— while attempting to drive in front of a street car was knocked down and seriously injured about the breast. A suppurating wound followed and would not heal. In the course of time he placed himself under my care. I used the treatment referred to above. First applying echafolta straight and followed by dusting on calomel. Only a short time sufficed to heal entirely. Not long afterwards it began to suppurate again and again the same treatment was applied with like results. This occurred a number of times when I finally lost sight of him. It may not have been a wise thing to do. The wound probably should have remained open and other methods employed, but I mention this merely to show the effect of treatment employed.

Case two: This was a severe case of erysipelas. A carpenter employed on a building was precipitated to the ground, a distance of about twenty feet, sustaining a severe abrasion of the left leg from the ankle to the knee. After attending him about a week erysipelas developed and was one of the most stubborn cases I ever met with. There was a severe burning and swelling of the parts. All lotions applied seemed futile. Everything in the Materia Medica was applied with negative results. As a last resort I used echafolta straight with happy results. From that time on nothing was used but echafolta internally and externally and the patient made an uneventful recovery.

I do not mean the use of this agent to the exclusion of the rational treatment in any case, as each case is a law unto itself. No one would think of applying echafolta or anything else to a fresh wound, but where the conditions are favorable nothing is more certain in its action than echafolta.

SINISTER SEXUAL PSYCHOSIS.

By Herbert T. Webster, Oakland, Cal.

The recent assault upon little Anna Poltera in Los Angeles, revives interest in a subject which has received scant attention from medical men, but which is nevertheless an important one. It concerns medical practitioners more, perhaps, than any other class, because they are brought into contact with those affected with greater frequency, and it involves a cer-

tain form of insanity; an important subject among practitioners of the healing art.

Sexual perversion presents us with many disgusting phases of humanity, but this is no reason we should remain in ignorance on the subject. It is our duty to be informed upon everything that pertains to our calling, if we are to represent an enlightened profession. Ignorance upon other subjects than therapeutics has been imputed to us, and justly in the past, without doubt. In these days, Eclectics are supposed to possess as wide a knowledge of the various branches of medicine as other schools, thanks to the progressive spirit of the age. Because we excel in therapeutics is no reason we should neglect to inform ourselves upon other branches of medicine necessary to round out our education as generally informed medical practitioners.

The subject of sexual psychopathia is a large one, and it is not my intention to touch upon many of its phases. Permit me to remark, however, that every practitioner ought to make himself conversant with it, in order to be prepared for emergencies which are ever liable to arise. This article will be devoted to a few of the extreme and most dangerous phases of this branch of medical study.

It is surprising how many cases of sexual perversion modern times afford. Though advance in civilization has modified to a great extent much that was popular in sexual abuse among the ancient Greeks and Romans, and the Asiatic people from whom they probably drew their inspiration, it seems to have left a taint upon our moral atmosphere, and abnormal sexual appetite crops up very often in these days, even in our very midst. There are various kinds of sexual perverts, and while many of them are more harmful to themselves than to the communities in which they live, some are extremely dangerous to a certain class of people.

Probably the most dreaded forms of this disease are what are known as sadism and necrophilia. Sadism leads to cruelty toward the weaker sex, and sometimes to murder of the most aggravated character; and it may exist in those who possess refinement and training in all the amenities of the highest civilization. It may arise in those from whom such acts are entirely unsuspected until they are unmasked. Sometimes the vice is concealed until a series of revolting crimes have been committed. An example of this kind was that of the Whitechapel murderer, "Jack the Ripper," who committed ten cruel murders without detection, and the absence of uterus, ovaries and labia from his mutilated victims pointed to anthropophagy; and the perpetrator was never detected.

The sadist derives no sexual satisfaction unles he inflicts cruelty upon the object of his passion. This may amount to the infliction of blows, scratches, bites or other maltreatment not necessarily fatal, or it may extend to a passion for lust-murder; and he is only satisfied by inflicting violent death upon his victim before or while he violates the body. It seems that only in thus destroying the object of his lust is his abnormal craving sated. In some cases sexual contact is not required. The violent death of the victim satisfies the sexual longing, though this does not seem to be usual. Spitzka cites the case of several of the Caesars, who delighted to witness the slaughtering of maidens from sexual motives—a family which presented a number of examples of transmitted mental disorder. Many sexual perverts care nothing for sexual contact. Their perversion leads to excesses of an entirely different character, and venery may possess no charms for them. Sexual gratification is brought about by diverse acts and surroundings entirely foreign to natural methods.

Necrophilia seems to be closely related to sadism. Probably the two go together, in many cases. Horrible as it may seem, some beings in human form crave congress with dead subjects. While necrophilia need not always be associated with lust, it frequently is, without doubt; for the love manifested in such cases is usually for the opposite sex. It occurs on the active side of sexual life—in the male sex—and there is hardly a case on record where female demonstration of necrophilism has been known.

On this vice the Library of Universal Knowledge contains the following: "An unnatural and revolting love or appetite for the dead which has manifested itself in various ways. Consorting or living with the dead has been observed as a characteristic of melancholia. Individuals have inhabited graveyards, preferring the proximity and association of corpses with which they had no tie, to the cheerfulness and comforts of home; and there is recorded one notorious case, in which a gentleman, although on bad terms with his wife while alive, carried her body with him through India, scandalizing the natives, and outraging the feelings of all by placing the coffin under his bed. The most extraordinary exhibition of necrophilism is where individuals, not in fancy but in reality, have exhumed corpses to see them, to kiss them, to carry them away to their homes, or to mutilate them and tear them to pieces."

This vice may occur as a periodical insanity; a noted example of which was the case of the French Sergeant, Bertrand, who at great risks broke into churchyards upon various

occasions to dig up the bodies of female subjects, to violate and mutilate them. The hereditary history of the man, signs of maniacal excitement at the time of the outbreak and their periodical occurrence, pointed unmistakably to insanity.

A notorious case occurred in San Francisco about fifteen years ago, which demonstrates some of the attributes suggested in the foregoing remarks. A medical student by the name of Durant murdered two young ladies on separate occasions and secreted both the bodies in the tower of a church to which he belonged, and to which he had access as an assistant keeper. No reason could be found for the crimes, except sexual perversion, as both victims were poor, possessed no valuables, were girls of estimable character and were not keeping company with other young men or conducting themselves in any such way as might have given rise to jealousy on the part of the murderer. They were innocent girls of about sixteen and eighteen years of age, belonging to respectable people, and were regular attendants of the same church and the Sunday school connected with it.

One of the bodies, the first missed, was finally found in a mutilated condition secreted behind some scaffolding in the loft; but the second one was entire, though it bore marks of violation. The culprit remained at his various duties during the search for the missing girls, and maintained a stubborn silence during his incarceration and trial; but the circumstantial evidence was so strong against him that he was hanged for the crimes.

Durant was an advanced medical student, of more than average ability, education, and supposed refinement, considerable of a society man, and a shining light in the church; but he was a sexual pervert, and of the kind which leads to murder of the most revolting character.

There is no cure for such subjects, any more than for some other forms of insanity; unless, perhaps, castration, and such treatment is not at present legalized. They may be sane on other affairs, and so conduct their lives that they may even be regarded with favor by the community, and conceal their propensity by a promising exterior, until a fatal outbreak results in the shocking death of some innocent victim, frequently a helpless child. This outbreak is really an act of insanity; but, as the culprit may be sane on other subjects he is not liable to be suspected at first, and unless circumstantial evidence leads to his conviction he may escape the penalty, while suspicion rests upon some scalawag whose worst offense is that he is leading a nomadic existence. In rural communities, tramps are

liable to be censured for all deeds of violence, unless the real culprit is known.

When such subjects are placed upon trial, they face judge, jury and lawyers who know nothing, as a rule, of the subject of sexual perversion; and if murder has been done and the suspect is found to have committed the outrage, he suffers, the extreme penalty. Such persons are better dead than alive; though it is probable that castration would remove the element for good and all that leads them to such acts, and that they might live useful lives afterwards.

The occasional murder and ravishment of young girls is nearly always the work of such perverts. In 1905, an outrage of this character occurred in Scriba, Oswego County, New York, a few days before the writer arrived in that neighborhood on a visit. Great excitement prevailed in the usually quiet rural community for many weeks. Cora Sweet, a little girl of nine or ten years, the darling of the family and the pride of the neighborhood, while on her way to Sunday school, was murdered and violated by a man of thirty-odd, who accompanied her as a friend and neighbor, in a strip of woods to which he enticed her, under the excuse that it was a nearer route than by the road. Her skull was crushed with a stone, and the genitalia bore blood and other marks of violence.

The murderer expressed ignorance of the whereabouts of the child when her absence was noted, joined a searching party, and led it away from the scene of violence as long as possible. When the body was found he expressed great indignation, and breathed threats of vengeance against the guilty party while search for the aggressor was going on. The country was scoured for traces of a tramp, and if one had been found he would probably have been summarily lynched by the exasperated neighbors. His mother, a widow, with whom he lived, later on noticed traces of blood upon his underclothing, though an effort had been made to wash it out; and this led to his detection.

After his incarceration he broke down and confessed, admitting that sometime during the day, after the murder and first violation, he visited the body and violated it a second time. He finally expressed great contrition for his crime, and welcomed death by electrocution as a just punishment, declaring that he did not understand what demon had possessed him. He had borne a good reputation in the neighborhood for years, and his act came as a shock to everybody. Ordinarily, such acts are liable to be ascribed to hoboes, but hardly any one could be so hardened as to commit such an act unless insane; for sexual perversion is surely a species of insanity, though the

subject be sane on other subjects and exemplary in ordinary conduct.

During the writer's early practice a similar case occurred at Youngstown, Ohio. A young girl was murdered and mutilated in the suburbs of that place, and violation of her person was accomplished. In this case a tramp, a stranger in the vicinity, was arrested, tried, sentenced and hung, though he denied any connection with the affair throughout his trial and on the gallows. Blood-stains, partly washed out, were found on his clothing, however, and as no more outrages of the kind occurred there, it is probable that he was the guilty party.

Spitzka, in his work on insanity, classes such subjects as the victims of "imperative conceptions and morbid propensities." We all know what an imperative conception is from experience. Many of us have experienced fear of the impulse to leap over a high precipice or from some other great height when upon its verge, or commit at times some violent act against others and against sane argument of the contrary, without the least provocation. The example of the eminent savant who in crossing a bridge was strongly tempted to push a boy sitting on the parapet into the water below that he felt constrained to turn and go away without crossing, is an exexample of this kind. If such imperative conceptions sometimes take hold upon those of perfect mental equipose, what must we expect of neurotics, with morbid impressibility of the nervous system. In them, the imperative conception may exist for years, to finally culminate in the imperative act, in which reason is thrown away; the morbid impulse bursting all bounds without power of control, and an outrageous act of violence and lust committed as the culmination. However, Spitzka concludes that a naturally vicious person may be guilty of similar acts when perfectly sane; which, however, may be doubted.

The tangle of heredity constitutes such persons degenerates, and their morbid propensity develops to the age of full sexual activity, probably increased by sexual abuse, until a passion or obsession, long concealed, bursts forth in a flame of horrible maligancy.

CHIONANTHUS.

Dr. W. Leming, Secretary, Lexington, Ky.

The "Eclectic League for Drug Research" reports on drug "Chionanthus" as follows:

Apparently the only field of action of Chionanthus is the digestive tract especially of the liver. Its ideal case seems to be that of sub-acute states accompanying catarrhal and con-

gestive conditions of the bile secreting tissues. With this may be a long train of sick headache, eructations of gas, nausea or vomiting, neuralgia pains or direct pains from the congested liver, constipation, clay colored stools, jaundice, etc.

Secondarily, the kidneys may suffer considerably and always the specific gravity and color are increased. Its common indications of clay colored stools, high colored urine, pain in the region of the liver and jaundice with loss of appetite, etc., are well known. As a digestive stimulant and tonic under these indications it will not fail providing the trouble is not actual organic obstruction to the outflow of the bile. It is one of the kindliest and most important remedies on the digestive organs that we have.

In some cases of Diabetes its action is marked. Many cases have been to date reported as to its usefulness.

In the October Report of the American Materia Medica Club, Dr. R. B. Taylor, of Ohio, speaks of a case where it was given with effect.

I, myself, have used it a great many times when the urine was suspicious. In fact, have come to look upon the high specific gravity and the "suspicion" of sugar, as a pronounced indication for chionanthus.

Dr. J. E. G. Waddington, Detroit, reports an interesting case of Diabetes Mellitus, as follows:

"Ten minims of Specific Chionanthus, gradually increased to twenty, every three hours, added ten pounds weight to an 85 pound girl 16 years old, with Diabetes Mellitus of one year duration, given up to die by the family physician. It reduced the urine from eight pints daily to three. Nothing else was given." When she seemed to remain in statu quo other drugs were given as indicated. He says, 'She is holding her own. She was constipated, stools light and clayey, dullness over liver. She is now getting only ten to fifteen minims three hours after eating."

While it may not be a "cure" for Diabetes, it will undoubtedly work wonders in cases where the wrong was primarily excited or is augmented by the wrong in the liver.

Reports for September 1, Thuja; October 1, Geranium; November 1, Rhus Tox. Reports solicited.

W. LEMING.

Lexington, Ky., August 1, 1909.

DIETETIC TIT-BITS.

Dr. Q. A. R. Holton, Whittier, Cal.

How many doctors are there who still try to nourish patients with beef tea or boullion?

When you put beef extraet or any other meat products into a typhoid's stomaeh or any other stomaeh where the secretion of gastric juice is suspended you poison rather than feed the patient.

These undigested meat foods pass down the alimentary canal and form a splendid medium in which bacilli may multiply and flourish.

When the stomaeh is in condition to digest a eertain kind of food it will make it known through the appetite; there are exceptions to this rule, but in general it is true.

"That tired feeling" usually comes from poison floating in the blood. Barring specific poisons introdueed from without the ehanees are ten to one it is absorbed from a foul alimentary canal.

A clean gut means a elear brain, active muscles and sound sleep.

Canned meats are the usual sourec of ptomaine poison. The whole filthy mess from beef to sardines should be dumped into the sea.

With his mouth open wide,
In the slimy tide.
An oyster sueked in the ooze;
From the sewer near by
Come welcome baeilli,
For that was the oyster's booze.

"Ah, ha," said he, cheery,
Typhoid and diphtheria
I plant in the bowels and blood
Of the man with a rake,
Who shall ruthlessly take
Me out of my home in the mud."

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS.

Questions of the August, 1909, Examination.

Chemistry.

1. Name the three most important ptomaines, outline their origin and give symptoms of ptomaine poisoning. What do you understand by ptomaines?
2. How may arsenie be deteeted? Give ehemical antidote.
3. How is aleohol benefieial in earbolie acid poisoning? What are the symptoms of earbolie aeid poisoning?
4. Name some of the impurities of ehloroform and give tests by which they may be deteeted.

5. Name three of the common chemical substances which appear in normal urine. Give the characteristics of diabetic urine.
6. What do you understand by "occult blood" and how would you test for it?
7. What is uric acid? What is its origin and its fate in the human body?
8. What is indican? Discuss the significance of its appearance in the urine and give test.
9. Describe the stomach contents of typical gastric carcinoma.
10. What is the chemical explanation of the souring and curdling of milk? How is soured milk supposed to prolong life?

Hygiene.

1. What is meant by the term, "Typhoid carrier"?
2. What diseases are commonly water borne? What may be contracted from earth?
3. Outline a plan of action after which you would consider that a family in which one member had died of diphtheria, could safely be released from quarantine.
4. Discuss the relation of dairy milk to tuberculosis.
5. Discuss the method of spread of Bubonic plague. Outline a plan for safeguarding a small seaport town against plague.
6. What are the methods in use for the disposal of garbage?
7. Name the three species of tape worms of which man may become the host. In what food are they found?
8. How should barber shops be regulated?
9. Describe four varieties of illuminating gases and their danger to health.
10. Make a diagram showing modern plumbing, from the street to the sewer, of a house having a bath tub, wash stand and water closet.

Histology.

1. Show by drawing, all of the different cells found in human blood, and name them.
2. Describe a lymph gland or node.
3. Describe the descent of the testicle.
4. Draw a vertical section of the skin of the sole of the foot naming layers.
5. Describe the different kinds of muscle.

6. Draw a cross section of the small intestine, taken from a point near the junction of the jejunum and ileum. Name each layer.
7. Show difference between and name layers of Medullated and non Medullated nerve fibres.
8. From which embryonic layer are the following structures derived? (a) Teeth. (b) Bones. (c) Brain. (d) Fat. (e) Thyroid gland.
9. Identify two specimens.
10. Identify two specimens.

Physiology.

1. Give functions of the cord and tell which are upper and which lower neurons.
2. Give general effect of removal of the cord below fourth dorsal.
3. Enumerate the factors that produce normal pressure and velocity of the blood. Explain the effect of inspiration upon blood pressure.
4. In what manner are the lungs protected from the effects of injurious gases?
5. Locate cortical areas for special senses.
6. Explain the result of stimulation of the depressor nerve of the heart. Of what is it a branch?
7. What is an enzyme? Give origin and action of the following; steapsin, trypsin, ptyalin, amylopsin, thrombin.
8. What is the physiological significance of shock?
9. What are the principal factors controlling heat loss and heat production?
10. Name in order of importance the forces that maintain venous and lymph circulation.

Pathology.

1. Name some of the causes of excessive destruction of the red blood corpuscles and describe the results of this destruction in the system.
2. Describe Nature's effects at repair of (a) simple uninfected injuries of the soft tissues; (b) infected injuries of the soft tissues.
3. Explain in full why prolonged physical or mental exertion predisposes one to danger from infection.
4. Describe the condition usually found in Broncho pneumonia at the end of (a) twenty-four hours; (b) at the end of five days.

5. State the cause or causes of and describe the condition found in Chronic Bright's disease (Chronic Interstitial Nephritis) in adults from forty to sixty years of age.
6. Give the cause, morbid anatomy, and usual cause of death in Landry's Paralysis (Acute Ascending Paralysis).
7. In cases of chronic disease of the heart in adults of middle age or past resulting from a remote attack of rheumatism, possibly many years before, describe the condition usually found and why.
8. In malarial infections, describe the conditions usually present in (a) acute cases of only a few days' duration; (b) in chronic cases of many months' duration possibly with no history of an acute attack.
9. Examination of specimens.
10. Examination of specimens.

General Diagnosis.

1. What can be ascertaind by palpation of the radial artery and describe the following varieties of pulse; celer, tardus, bigeminus, di-chrotic, intermittens.
2. Describe trachoma.
3. Describe an attack of acute articular rheumatism.
4. Give actiology of ileus and describe intussusception in detail.
5. Give actiology and symptoms of lupus vulgaris.
6. Give the physical signs of a cavity in the lung.
7. Give the symptoms and prognosis of myocarditis.
8. Give aetiololgy, symptoms and complication of amoebic dysentery.
9. Give symptoms and prognosis of general paresis.
10. Give symptoms, complications and sequelae of diphtheria.

Obstetrics.

1. When would you consider pelvimetry necessary? What are the normal diameters of the female pelvis, viz, Transverse, Conjugate, Right and Left oblique? What measurements indicate the induction of premature labor?
2. How would you diagnose ectopic gestation? What are the possible terminations? Symptoms.
3. Mention the varieties of hemorrhage that may occur, from the inception of pregnancy, to the completion of the puerperium. How control in each case?
4. How would you diagnose an occipito posterior position? Why less favorable for delivery than anterior?

5. In case of labor, what conditions would indicate version, what forceps?
6. Give diagnosis and treatment of a breech presentation, including three methods of delivery of the after coming head.
7. What two varieties of asphyxia do we find in the new born child? Prognosis in each case.
8. Puerperal mastitis, varieties, etiology, symptomatology.
9. What are the symptoms of threatened abortion? What the symptoms of inevitable abortion?
10. What is morning sickness, what its causation? How differentiate from the hypermesis of pregnancy?

Anatomy.

1. Describe the arrangement of the dura mater and mention four of its uses.
2. Describe the temporo-maxillary articulation.
3. What structures can be palpated in the anterior median line of the neck?
4. What muscles, other than those of the arm, forearm and hand, are supplied by branches of the nerve trunks which form the brachial plexus?
5. What are the relations of the stomach?
6. Give the topography of the gall bladder and the appendix.
7. What forms the portal circulation and how does it connect with the systemic?
8. What structures pass under Poupart's ligament?
9. What cutaneous area, muscles and articulations are supplied by the obturator nerve?
10. Describe the arrangement of the bony arches of the foot.

Bacteriology.

1. Name the three great classes of Bacteria, based on the shape of the individuals.
2. Name five pathogenic bacteria which do not stain by Gram's method.
3. Classify the cocci, according to the arrangements of the individuals composing the groups.
4. Briefly describe the method of staining the tubercle bacillus by the Ziehl-Neilson method.
5. (a) Name the bacterium most commonly associated with specific urethritis.
   (b) What staining peculiarity distinguishes it from other germs found in the inflamed urethra?

6. What is the distinctive difference between the Bacillus Coli and the Typhoid Bacillus when grown in the form of a stab culture in the dextrose-agar?
7. What difference, if any, is there between the Micrococcus meningitidis and the Pneumococcus, when stained by Gram's method?
8. What is the difference in the action of antitoxic and antibacterial sera on bacteria and their toxines?
9. Examination of specimen.
10. Examination of specimen.

Gynaecology.

1. How would you make a bi-manual examination of the uterus?
2. Describe a case of procidentia uteri.
3. What do you understand by the trendelenberg position, and what is the object of this position in examination or operation?
4. Describe an entrocele, and how many forms occur, giving their location.
5. How would you make a diagnosis between a large ovarian cyst and abdominal dropsy?
6. What do you understand by Atresia of the uterine canal?
7. Differentiate betwen hydrosalphinx and pyosalphinx.
8. What important arteries are encountered in the operation for vaginal Hysterectomy? Give their origin.
9. Give the distinguishing features of a dermoid cyst of the ovary.
10. Describe a vesico-vaginal fistula, giving symptoms.

WASTED—THE CHRISTIAN SCIENTIST'S FAITH.

Our sympathy for the poor, deluded soul who attaches himself to a sect without having seen a tangible demonstration of the new faith's superiority over older ones, is boundless. Especially do we feel this sympathy for a grown man, trained in the legal profession and who by inference possesses a keen analytical mind able to differentiate without difficulty between common-sense faiths and those taken up by persons whose actions betoken functional insufficiency of mentality.

Just read the following. Knowing to what a sad extent the minds of these people are warped and how eagerly they aeeept the sheerest nonsense for the truth, I do not question, in the least, that this learned legal light was misquoted:

"Judge Hanna told of an experienee he had in the Seienee when young and when he was eured of ineipient diphtheria. Without medicine and without a physieian he was eured in an hour. Speaking of the instanee he said:

" 'Soon after I began the investigation of Christian Seienee I was ealled by business to a eity where diphtheria was epidemie. I was there for two days. On my return homeward I had to stop over at an intermediate eity. I retired early at my hotel, going to sleep in my usual health. About midnight I awoke with a severe pain in my throat, a high fever, and a badly swollen and inflamed eondition of the throat and neek. Being a mere tyro in the Seienee, I was at first much alarmed. My first impulse was to eall a physieian. Then I remembered my Seienee and instantly turned my thought with eonfidenee and trust to God. I felt at onee His presenee and power. I eommuned unreservedly with Him, knowing that His law was a law of health, not of siekness; of love, not of fear; of life, not of death. Thus praying and eommuning, within a few moments I fell into a peaeeful slumber, and in the morning awoke at the usual time with not a vestige of the trouble in evidenee. The fever had entirely subsided, the inflammation had gone, the swelling and every diseordant symptom had disappeared.' "

Another remarkable feature of this subjeet is the ease with whieh these untrained diseiples of Mother Eddy solve the most intrieate diagnostie problems. Those of my readers who have praetieed medieine for these many years, and who are daily meeting with obseure eonditions ealling for the most eareful differentiation and which even oeeasionally prove to be beyond the most highly trained and most widely experieneed medieal minds will note how lightly our Christian Seienee friends dispose of diffieulties in diagnosis—confessedly one of the hardest fields in medieine to master.

It is a wonderful faith these people seem to have. Sueh faith as theirs, if eoupled with level minds and direeted in the proper direetion, might advanee higher and nobler eauses.—Medieal Era.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE UNSEEN FOE.

If the reader will recall his history for a moment we think he will agree with us that nearly all of the great military battles were lost because the vanquished were surprised. Either the battle was precipitated unexpectedly or during the conflict an unexpected turn was made, against which no adequate force then could be brought to bear. It has been well said that "Life is one continued battle" and it would seem that the medical man must bear rather more than his share. For he must meet, not only the conflicts incident to his individual existence, but also the forces engaged in the effort to destroy the bodies and minds of his patients. His fight with the old man with the scythe is constant, severe and prolonged; and notwithstanding he may be the victor a score of times, the time eventually comes when the struggle necessarily is a hopeless one. A brave fight has been made and the friends are content because the result was inevitable; and all is well.

At this time a little reflection privately and silently is a good thing for the doctor. Possibly it would have been better

to have done this a little differently, or that not at all. Possibly this patient's machine was so old and worn that it was out of repair in many places besides the one that we saw. May not the noise of a loosened fender cover up the smell of a hot box? May not a diarrhea cover up a diabetes mellitis, or an irritating cough an inflamed and floating kidney?

The structure of the eye is such that only objects at one certain spot are in proper focus and therefore visible. Other than this one object the whole wide world is either dimly seen, or seen not at all. And there is a striking similarity between our physical vision and our mental vision. The mind becomes so impressed by a certain thing or condition that all else is as it were not. Naught else is recognized, let alone considered. And, as the brains of medical men are made of the same stuff as the brains of other men, it sometimes happens that a patient dies from some disease not recognized. Furthermore, a patient may recover from a disease which was not suspected until long afterwards. And as patients with chronic diseases in particular are prone to have their machinery out of order in many places and divers ways, it behooves us to be especially careful in prescribing for them Look at the case from all sides and consult with a colleague, if need be; for it is here that we are likely to be surprised by an unseen foe.

DRUGLESS HEALING VERSUS MEDICINE IN THE U. S.

By Eli G. Jones, M.D.

"Oh wad some Pow'r the giftie gi'e us,
To see oursels as others see us."

I believe the medical profession does not fully realize the rapid growth of Drugless Healing in this country. In order to prepare a paper of this kind, I have been to considerable labor and time and expense to get at the real facts, to get reliable statistics that could be depended upon. I have gone to headquarters—to men who were the most competent to give the figures I asked for. I have had statements from three or four different men on each form of Drugless Healing, and from them have formed a general average, so that I am prepared to give the correct data. I have tried to do justice to all without fear or favor. In presenting the following table of statistics, I give the name of the particular form of Drugless Healing also number of practitioners and number of patients they treat. The Mother Christian Science Church, in Boston,

Massachusetts, has 40,000 members. There are 900 churches and societies in America.

Suggestive Therapeutics;	Practitioners	Patients
Magnetic Healing	10,000	3,000,000
Christian Science	5,000	4,000,000
Mental Science	2,000	2,000,000
Osteopathy	5,000	3,000,000
Naturopath	2,000	3,000,000
Physical Culture	2,000	1,000,000
Ophthalmology	1,500	862,500
Chiropractic	500	287,500
Faith Healing	100	150,000
Food Scientists	100	200,000
Emmanuel Healing	100	100,000
	28,300	17,600,000

After deducting out the illiterate and those who do not read or speak the English language, we find that out of a population of 70,000,000 in the United States, there are 17,600,000 who employ some form of Drugless Healing instead of going to a doctor for advice and treatment. Of the 15,963,965 families in the United States there are 5,000,000 families who patronize some form of Drugless Healing or nearly one-third of all the families. At the present rate of increase in population, in 1920 there should be 88,000,000 people in the United States. At the rate Drugless Healing has increased within the past ten years, in eleven years from now (in 1920) there will not be less than 55,000,000 persons at that time committed to some form of Drugless Healing. They will then hold the balance of power in this country. At the rate of increase of the medical doctors (deducting out deaths), there will be, in 1920, 160,000 doctors who will only have about 33,000,000 people to depend upon for their bread and butter. In twenty years from now, at the outside, the doctors will be out of business in this country. The present tactics pursued toward these Drugless Healers by the medical profession, if continued, will only hasten its downfall. We should have learned wisdom from the past; going back 100 years we had the new school of physicians to contend with. First we tried ridicule, then persecution, then prosecution, then laws were made to legislate them out of existence. All this only made them increase so much faster, until at the present time we have 30,000 physicians of the eclectic, homeopath, and physio-medical (botanic) school of medicine, who are patronized by 17,000,000 people in America. Therefore, to combat successfully with this Drugless Healing, we must change our tactics entirely or

meet with defeat, as we have in the past. To understand why Drugless Healing has grown so rapidly in our country, we must seriously consider the different causes that have brought about this condition of things. It is an old law in military science that we "should never expose our weak points to the enemy," yet that is just what the medical profession has done repeatedly within the past century. In textbooks, in medical journals, in lectures, in the public press, have appeared statements from prominent physicians, declaring their lack of confidence in drugs to heal the sick. All such statements have been just so much ammunition furnished the enemy with which to accomplish our defeat. By sticking to old ideas and old remedies and old theories we have showed a lack of progress; thus it is that many diseases of our people are not being cured by the physicians; but as the following table will show, the mortality is increasing instead of decreasing, as it ought to, so we have exposed another weak point to the public. Deaths from the following named diseases in 1890 and 1900:—

	1890	1900.
Consumption	102,199	111,059
Pneumonia	76,496	105,971
Heart Disease	44,959	69,315
Diseases of kidneys	19,457	36,724
Typhoid fever	27,058	35,379
Cancer	18,536	29,475
Apoplexy	14,999	26,901
Inflammation of brain and meningitis	17,775	25,664
Paralysis	16,570	23,865

Influenza, diseases of the stomach, measles, diseases of the liver, peritonitis, scarlet fever, septicema, diabetes, rheumatism, and cerebrospinal fever, all show an increase in the number of deaths. Deaths from appendicitis, there were 5111 in 1900. It is a fact, and one not pleasant to contemplate, that most of the above diseases are being cured by the Drugless Healers, while we as a profession have been loudly protesting that certain diseases are incurable by medicine, they are being cured by some form of Drugless Healing without medicine. We have exposed another weak point in neglecting the study and treatment of chronic diseases. Patients have gone the rounds of the doctors to get relief, but as they could not find it, they drifted into the hands of the Drugless Healers. Within the past century our people from an excessive indulgence in tea and coffee, and other stimulants and narcotics; have become a nervous hysterical people. Insanity and nervous diseases are rapidly increasing. This class of patients go

to the doctors, and because they don't understand how to treat such cases, many of them pass into the hands of the Drugless Healers, where they can find some one who can minister to a "fiend" and nerves diseased. Another weak point that we have exposed to the public is the fad and mania for operations; in every case where the surgeon can possibly find an excuse for cutting, it is done. Thus it is that our American women, for many of the ailments they have, are being unsexed and degraded to gratify the lust of the surgeon for operations. How can a woman perform the duties of a wife and mother when she has been mutilated and unsexed? This is something that we shall be called to an account for at the bar of public opinion. We have raised the standard of medical education, we have lengthened the course of study in the medical colleges, our teaching has become more and more technical and scientific, until it has reached the point where the doctors are graduated, loaded down with technical knowledge, but lacking the real practical knowledge to enable them to heal the sick. As the years pass on less and less time is given the study of materia medica and practice, until now we give 50 per cent. of the time to teaching surgery. It would seem from this that it is of more importance to know how to cut up our patients than to know how to cure them. We have had medical laws enacted making it a crime to heal the sick. These laws have proved a boomerang to the profession. The doctors are so well protected that they must stick where they are; they cannot move to another State to practice. Your gray hairs, your reputation, your skill and experience will not save you; your diploma don't count for anything. It is for the medical board to say whether you shall be allowed to practice your profession or not. The public at large may laugh at us for being caught in our own trap, and while we have become so well protected by our medical laws, the people are learning how to cure themselves without our assistance. Every prosecution of the Drugless Healers, every time you stir them up, it simply advertises them, and adds thousands of friends and patrons to them. It is a well-known law in horticulture that with certain plants and shrubs the more you stir the dirt around them the faster they grow. Let them alone and they will wither and die. When will the profession learn wisdom and let the Drugless Healers alone? It becomes a very serious question what can be done to stem the tide of Drugless Healing in America? It has been a matter of deep thought with me, and it seems to me that the future of our profession will largely depend upon how we meet the present issue. It is a critical time with us, and we cannot afford to make any foolish blunders. I believe that with us it is simply

"United we stand, divided we fall." Our first move should be organization, some would say; "why not organize as one society under one name, dropping all issues and pathies?" Such a thing would be impossible; each particular school of medicine has its teachings, its history, its traditions, its ancient landmarks. There is something that we can do; "stop quarreling among ourselves and calling each other names." In every village, town and city let the doctors meet together, form clubs and societies and unite for the common good. Let us show the people that we are united to retain the confidence of the public; we must satisfy them that we are competent to treat any disease in our country at the present time, also that we believe in our medicines. Unless we can do that our chances for the future are very slim. We must study the definite action of our remedies on the human body in health and disease. Much valuable time has been lost experimenting on serums, on rats, mice, and rabbits. Meanwhile the Homeopaths and Eclectics have been building up a system of definite therapeutics from testing remedies on the human body in health, and at the bedside of the sick. I really believe that there is a platform upon which all physicians can unite, and with that platform they can save themselves and stand as a solid front before the world. I urgently request every doctor to read this carefully; I want to hear an honest expression from every physician. Are you with me in this fight to save our profession? Whereas, we believe it to be the business of a physician to heal the sick, therefore we hold the following propositions to be self-evident:—

1. That it is the duty of the physician to use every means in his power to cure his patients.

2. That a therapuetic fact is of value to us, no matter from what source it may come.

3. That we are opposed to useless surgery, believing it to be the duty of the physician to give his patients the best medical treatment that skill and experience can give them, and to only use surgery as a last resort.

4. That we love and honor our Alma Mater, and have perfect confidence in its faculty to judge of our qualifications to practice as an M. D. Therefore, we insist upon our diploma being the passport for us to practice our profession anywhere under the American flag.

5. We are not afraid of competition with our brother physicians, and we do not ask to be protected by any medical law.

6. We welcome to our ranks any respectable physician, no matter what his system of therapueties may be.

7. We claim the Constitutional right of every American citizen to use any remedies that may help us to cure our pa-

tients. We are opposed to any man, or society of men, dictating to us what remedies we shall use or what medical journals we shall read.

8. We are aware of the fact that much harm has been done our profession by belittling the study of materia medica and teaching the uncertainty of remedies, thus making medical nihilists of so many of our physicians. We would earnestly advocate the diligent study of the action of our remedies in health and disease, that we may all the sooner form a definite system of the therapuetics containing remedies that do have a positive remedial action upon certain diseased conditions. I honestly believe that the great majority of our doctors love their profession and are anxious to heal the sick, to do all they can for suffering humanity. That being the case, it would seem to me, that every intelligent, broad-minded physician can honestly endorse the above platform with all his heart and soul. Under this standard we shall "win out;" divided, we shall go down to defeat. Let us not deceive ourselves as to the strength and influence of Drugless Healing; they have spent vast sums of money to educate the people how to be cured without medicine; many books, pamphlets, circulars, magazines, and newspapers are being published and distributed all over the country. They are fully organized; every move made by our profession is carefully watched by them; every death from useless surgery, every death from vaccination, every blunder made by a mistaken diagnosis or treatment, every word uttered by a physician that can possibly be construed as lacking faith in medicine, is all recorded. The books are being opened and the profession is being judged out of the things written in the books. You may rest assured that the people will give you all the laws you ask for for your protection, for they know right well by so doing they are only giving you so much more rope to hang yourselves with. Dating from the time when the first medical law was passed, Drugless Healing has been growing by leaps and bounds in this country. In loudly proclaiming the importance of preventing disease, let us not forget to tell the people how to cure it. What would you think of a fireman called to a burning house, telling the owner that they did not know how to put out a fire, but would try to prevent any other building from getting on fire? What are firemen for if not to put out fire? What are doctors for if not to heal the sick? From now on if we want to retain the respect and confidence of the public, we must play fair and be honest with them. We profess to be able to heal the sick and now we have simply got to make good or see the Drugless Healers grow and fatten on our failures—Med. Summary.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. T. Farrar, M.D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier, President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Peree, Long Beach,Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

NEWS ITEMS.

By some inadvertence the technical name of "water mody" was erroneously given in a recent number of the Journal. Its correct name is Baccharis Glutinosa.

Dr. G. W. Harvey, Ripon, writes that if any Eclectic brother is looking for an extremely healthy location with $1,500.00 a year thrown in, refer such to him.

The 1909-1910 Session of the California Eclectic Medical College will begin with the opening lecture on September 13. If you haven't received an announcement, please write for one.

Dr. Q. A. R. Holton, Whittier, spent his vacation in Bayacinati and in the mountains near there.

Harry Solomon, son of Dr. J. C. Solomon, has returned to his studies in the State University at Berkeley, from which institution he will graduate this year.

Mrs. E. R. Harvey and son of Long Beach, are visiting friends and relatives in Ohio. They attended the exposition in Seattle and then went East over the Canadian Pacific. The Doctor went East later and will accompany them home.

Dr. and Mrs. L. A. Peree and Dr. and Mrs. E. R. Harvey entertained the Los Angeles Eclectic Medical Society to an elegant dinner on August 3rd at Long Beach.

Dr. J. A. Munk attended the Encampment of the Grand Army of the Republic at Salt Lake City, and had a most delightful time, but came back thinking Los Angeles was nicer than ever.

Dr. J. E. Shearer has returned to his former home, Medford, Oregon, to practice his profession. For the past five years he has been District Surgeon for the Southern Pacific R. R. Co., but has now resigned that position.

Professor John Uri Lloyd, wife and daughter arrived in Los Angeles, August 14, and are visiting Dr. and Mrs. O. C. Welbourn. Professor Lloyd is a chemist and scientist of more than national reputation, is a member of the American Pharmaceutical Association and delegate to the meeting which was held in this city during the third week of August. He is a staunch friend of Eclecticism—not one of the wobbly kind. He is held in high esteem by all who know him; but is especially admired by his friends for his undying devotion to the cause of Eclectic medicine.

Professor Lloyd and family spent a day at the College Botanical Garden as the guests of Dr. Munk. Arrangements have been made for gathering a supply of Anemopsis, the new catarrh remedy, to manufacture into Specific Medicine. The Botanical Garden can furnish about all that is needed; but if there should be any lack, plenty more of it is growing just over the fence.

Atlanta, Ga., August 10.—Osteopathy was recognized as a profession by the State of Georgia when the House overwhelmingly passed the Senate bill providing for a State Board of Examiners in Osteopathy and providing for license fees. Governor Brown already had signified his intention of signing the bill.

The State Board of Medical Examiners met in San Francisco August 2. A new ruling of the board was that when an applicant fails by a fraction of one per cent. in general average, or falls a little below the minimum in one branch when the general average is high, the paper should be referred to a final court of revision with power, where they thought the case was worthy, of raising the paper to a passing mark. This action to be taken on numbered papers only and before the envelopes disclosing the name have been opened. Another new ruling is that questions to be asked on each branch are to be submitted to the whole board. The examiners are given ten days for grading their papers.

The Naturopaths presented thirty-one names of members of their Society to be endorsed by the Board in accordance with the recent law. This makes eighty-six Naturopaths in this State.

Dr. Charles Mealand and wife of Sacramento, Cal., are in the city on a vacation. They, like all others, enjoy the beauty and comfort of Southern California, but have to content themselves with a brief stay.

Judge E. R. Monk of the Faculty has been seriously sick from a general breakdown. He has reached the turning point and is now slowly improving.

BOOK REVIEWS.

HANDBOOK OF DISEASES OF THE RECTUM, by L. J. Hirschman, M.D., Professor of Clinical Proctology, Detroit College of Medicine and Surgery. 150 Illustrations, 400 pages, including two colored plates. Price, $4.00. C. V. Mosley Medical Book and Publishing Co., St. Louis, Missouri, 1909.

This work by Dr. Hirschman, most profusely illustrated is one which fills a long felt want.

The chapter dealing with local anaesthesia in the treatment of diseases of the rectum and anus opens a new field of work. The technique of operative measures under local anaesthesia is fully described and made as simple as possible. The limitations of office treatment and indications for other measures are clearly defined.

The last chapter we consider one of the most valuable in the whole book; this deals with feces and their examination. Here is a subject which in the past has not received the attention it deserved. All recognize the importance of examination of feces in the diagnosis of intestinal diseases peculiar to tropical regions but in many other diseases it will be found that their examination is of no less significance.

To the general practitioner and the specialist in Proctology this work will be found of great value.

CANCER OF THE WOMB, its symptoms, diagnosis, prognosis and treatment by Frederick John McCann, M.D., F.R.C.S., M.R.C.P. Honorary president section of Obstetrics and Gynecology, fifteenth International Medical Congress, Lisbon, 1906. 46 illustrations with one colored plate, 171 pages, London, Oxford University Press, 1909.

In this work on Cancer of the Womb by Dr. McCann, there appears a concise account of our present knowledge of this disease with a systematic description of the naked eye and microscopical appearances. Each type of cancer is illustrated by clinical examples, also with a plate representing the disease after the womb has been removed. Most of the cuts are from photographs of the specimens taken soon after removal and truly represent the actual disease. As every one knows, many illustrations of uterine cancer bear little or no resemblance to the disease as found in the living subject, although they may possess artistic merit.

The importance of early diagnosis is apparent to every one who practices the art of healing, since whatever method of treatment is decided to be the best must be applied in the early stages. At present operation in the early stages of the

disease, can cure uterine cancer, and the percentage of cures is destined to increase when medical practitioners are fully cognizant of the signs and symptoms which cancer produces in its initial stages, and when surgical treatment is promptly employed.

In the chapter on After Treatment of Operations for Cancer of the Womb, the author gives his own personal experience, and although the views stated are somewhat at variance with what is accepted at the present time, the methods recommended should be given a fair trial before being condemned.

It is only necessary to glance over the table of contents of this work to realize the importance and value of this work as presented to the profession by Dr. McCann.

HUMAN PHYSIOLOGY, an elementary text-book of anatomy, physiology and hygiene by John W. Ritchie, Professor of Biology, College of William and Mary, Virginia, 362 pages, Yonkers-on-the-Hudson, New York. World Book Company, 1909.

Ritchie's Human Physiology is a most commendable book. It seems to treat important subjects in a manner simple enough to reach down to the level of a beginner's understanding without sacrificing anything of value in useful knowledge. It is readable and instructive, and of necessity must stimulate the thinking powers of teachers and pupils alike. Every teacher of this subject in the grammar grades of our schools should read and know this book.

VACCINE AND SERUM THERAPY, including also a Study of Infections, Theories of Immunity, Opsonins and the Opsonic Index by Edwin Henry Schorer, B.S., M.D., Assistant Professor of Parasitology and Hygiene, University of Missouri, etc. Illustrated 131 pages, St. Louis, C. V. Mosley Co., 1909. Price $2.00.

In this work the present knowledge concerning vaccines and immune sera has been stated concisely and accurately. In recent years no subject has appeared more prominently or frequently in medical literature than that concerning opsonins, opsonic immunity and bacterial vaccines. Therefore considerable space has been devoted to these subjects.

To any practitioner desiring information which will lead to a better understanding of the nature of infections and the subjects of immunity, and active and passive immunization, no better work can be found than this by Dr. Schorer.

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Original Contributions

THE DEBT WE OWE EMPIRICISM*

By John Uri Lloyd, Phar. M.

Read at the Los Angeles Meeting of the American Pharmaceutical Association, August 1909.

Wheresoever we may turn, to any seetion of art, seience, or the professions, we find a baekward path whieh leads into the field of so-ealled empirieism. If next our glanee be turned onward, in the eovered future will be pereeived possibilities, some shadowed, others nearly hidden, that the person known under the term empirieist only can solve. Too prone are we to laud the man who makes the final or even a passing toueh in a chain of events in whieh we view only the end reaetion. Not often do we stop in our eulogies of modern seienee and art to eredit those whose wanderings in days gone by have made possible the brilliant aehievements of that seienee and art now in the strength of its youth.

Listen, man of seienee, listen to the words of wisdom, spoken onee but yet lastingly and forever to all mankind. "Remember now thy **Creator** in the days of thy youth."

Then, as a momentary offering in behalf of men whose efforts to benefit humanity are bearing us golden blessings, but who in name have been severally and forever lost to history's page, the writer presumes to ask his hearers to briefly eonsider the general debt we owe to the empirieists of the past.

Among the earliest remedial agents, as well as the most useful of the remedies of the present, are plant produets and plant eduets. From the dawn of the study of medieine to the threshold of the nineteenth eentury, the most conspieuous of all remedies, as well as foods, have been those formulated under the influenee of vegetable life. The "simples" of the aborigines of all elimes and lands, the remedies of domestie medieine, as well as those of so-ealled empirieists past and present, the agents that seience most values and most studies, have been, and yet are, plant struetures.

*A paper on this subject was read at the meeting of the Cincinnati Literary Club, spring of 1904, by the author, and was so kindly received as to lead him to presume that some of its features exemplified may again be useful.

The one great bank of wealth that conserves life is the green bank of vegetation that encircles the globe.

On this every country of the globe depends. Every people of the earth partakes thereof. The pharmacopoeia of every country, the materia medica of all the schools in medicine past and present, give their care to the remedial action of vegetable structures. The established, the cherished remedies, have they been, of all nations. No more are they to be displaced by any artificial substitute than are vegetable foods to be replaced by synthetics evolved by the chemist. To annihilate vegetation would be to bankrupt animal life, to make a desert waste of the land, a lifeless void of the trackless deep.

Let us not, however, neglect to credit inorganics for their part in life conservation. No man will deny the value of minute amounts of sodium and potassium compounds, of chlorine and other salts, of earths, of minerals in foods. Indeed this writer believes that in their natural settings they are much under rated. Nor will a person, if he thinks, undervalue the inorganics in vegetable medicines, where either alone, or as integral parts of plant structures they do well their part. Here too this writer believes there has been much neglect of important functions that the inorganics play in plant structures, as well as in life processes of vegetation. But, as no reflecting man will presume to restrict his foods wholly to the inorganic parts of organized vegetable substances, so no balanced mind, informed concerning the records of the remedial agents of the past, or their qualities as known at present, will deny the supremacy of vegetable structures as food products or as corrective agents, in the hands of men qualified to use them intelligently.

Out of the earth and the sunshine come the life and structure of all that lives. Out of light and heat come the forces that bind dead earth and water into organized individuality.

The life of man, and the health of man, depend on the continual utilization of the conserved energy held in the life forces that are locked in vegetable structures, be they called foods or remedies.* In this direction little has yet been accomplished. Possibilities that lie before and about us in this mighty maze of living vegetation, untouched by man are but dimly comprehended by the most enthusiastic optimist.

But the qualities of unknowns are only to be determined, be they for good or evil, by experimentation. No written

*Do not infer that the author overlooks or condemns **animal** foods. This paper will not permit a consideration of that phase of the subject, but it may be said briefly that the use of animal food is but the utilizing of vital force that has been transferred to flesh, from plants that the animal has eaten. Plant life is the great food store-house of both carnivorous and herbivorous animals.

publication, no teacher advised primitive man concerning the good or the bad of things about him. Few of us have ever given a modicum of thought to that which came to us from out this empirical past much as a silver spoon comes to the hand of a child. Lost in the centuries past are the experiments that led man to know that wheat is a food, and the same is true of most fruits. The wanderings which gave us most of our known foods and our vegetables and medicines are not less tortuous than is the painful creeping of the human family from savagery to so-called civilization. Nor are they less obscure, because this journey down the current of the ages commenced and was far advanced before man presumed to record any data whatever. The story of the development of our standard foods antedates the records of civilization, coming from out the backward mists much after the manner in which a robin teaches its young to eat a worm. Nor has this upward struggle been uneventful; to the pioneer, death is no stranger.

Who can tell the number of lives lost in the experimentation that finally led to the separation of the volatile poison, prussic acid, that exists in the tapioca plant from the wholesome starch food known now as tapioca? Who knows the number of deaths preliminary to man's differentiating between the poisonous and the edible fungi, which subject is yet a problem, for in this field deaths even now often occur. Nor did instinct teach humanity to differentiate between the poisonous berry and those edible. The story of how the starches of some of the acrid arums came to be utilized by primitive people so as by manipulation to become foods, or of the discovery of the distinction between edible fish and flesh, and the forms of flesh and fish unwholesome, is as obscure as the experiments that ages ago led to the utilization of innocuous weeds as foods. Somewhere in Nature's climes, all food plants are, or probably have been, weeds. To find out their established value as nutrients demanded experiment, in which some were found to be useful, after which they became known as foods. This research is yet part of man's evolution and must be largely empirical.

So recent, comparatively, is the sad proving of the attempt to eat as a pot-herb one of America's then new plants, as to have fixed the term "**Jamestown weed**" to the herb which the settlers of Virginia about Jamestown investigated to their sorrow and death. Food is man's chief necessity, and man's search for food is a story still in progress. There is yet a risk in some directions, where persons uninformed partake of products that to others are known by instruction of experience to be poisons. In England, the "sowbread," or bryonia,

claims each year its victims. The same is true of Oenanthe crocata. The wild parsnip is often eaten in America for parsnip, and death results. The terribly poisonous, amanita is repeatedly mistaken for the wholesome mushroom. Whole families sometimes perish; no antidote is known. This year, to the writer's knowledge, two children perished in one of our southern states by eating the root of poison hemlock, the plant with a record, made conspicuous by Socrates' death. The Calabar bean, known to the African Aborigines as the fearful ordeal bean was fatally eaten by children in London. Experimentation thus recently taught in civilization's metropolis a fact known from untold time to the most primitive man.

And yet, the weeds of the fields, the plants of the desert and the forest, unquestionably still offer untold food opportunities to the human family. Wise is the man who can predict what experimentation and cultivation based on empiricism may yet develop in unseen directions.

Let us not forget that the luscious apple is said to have been derived from a knotty, astringent wild fruit; that the mother of the potato grows yet as an insignificant wild tuber in Mexico and South America. But a generation back, the tomato was considered poisonous, was cultivated merely as an ornamental plant, and in the memory of persons yet living was eaten **green** instead of ripe.

Turn now more directly to remedial plants. Who can even formulate the empirical wanderings that led to the discovery of the qualities of such as Ipecac, Nux Vomica, Opium, Jalap, Podophyllum, that are possessed of energies that may, if illogically used, make them poisons, or if discreetly employed, yield kindly remedial agents? Who can trace the more difficult study that led to the discovery of the insidious, but not less valuable, qualities of less harsh agents, such as Baptisia, Aletris, Hydrastis, Collinsonia, Macrotys, and that last remedial introduction, Echinacea, which but a few years ago was known only as a worthless Western weed? What will next serve humanity in this field? Who can predict the name of the plant next to unfold its remedial qualities?

Listen. Comes now a reflection over the debt we owe empiricism. Practically all the standard foods that have been introduced are empirical gifts to man, in the sense that these natural upbuilding or corrective agents have been established experimentally. The good of those unknown but yet to come must as surely be the result of experimentation.

Nature's gifts that nourish and conserve life, that upbuild tissue, modify the life current or prevent the abnormal destruction of tissue, with few, if any, exceptions, have been the result of empiricism. From out the past have been handed

to mankind of the present by primitive man the choicest of Nature's blessings. Their beginnings have been in experimentation, which, in the past, was part of a struggle for existence wherein no book record is preserved. The data of it all is lost.

Science and Empiricism Lean One Upon the Other.

The scientific astronomer calculates to a second a coming eclipse, but he does this by the data empirical observers of the past have recorded. In turn his observed results of seemingly disconnected phenomena will serve for scientific calculations in perhaps the far distant future. Thus, even in such as astronomy, empiricism and science lean upon one another thus the one conserves the other, and thus each becomes a part of the other. Thus too the man of science of today in our field becomes the empiricist of him destined to look back from out the morrow. Behooves it not then that we, one and all, think twice and yet again when comes the questioning of these mighty problems? Behooves it not that we weigh well our words lest the debt we owe empiricism be under-rated?

DESULTORY GLIMPSES OF MEDICINE—RETROSPECTIVE AND PROSPECTIVE.

Read Before Los Angeles County Eclectic Medical Society.
By Orin Davis M. D., Sawtelle, Cal.

Mr. President, Physicians, Surgeons, Ladies and Gentlemen: Without the remotest thought of giving offense or in the least degree wounding the feelings of any by indirection or disparagement who may dissent from us in opinion, and in the genial spirit of hearty good will and respect for those who conscientiously entertain a counter sentiment, and from all others also we bespeak a candid and courteous consideration for these hasty glimpses of the healing art. At the same time credit the speaker with honesty of purpose and a pertinacious adherence, (and if need be) a vigorous vindication of his own cherished views.

From a multitude of causes, intrinsic and otherwise, differences of opinion will arise and be tentatively entertained by those who do not observe and apprehend alike and whose judgments vary accordingly. But these individual differences constitute no sufficient cause for ill feeling, personal estrangement or a frustration of good affections that any society of gentlemen should exercise towards one another.

In reviewing past experiences, again we refresh our memories with the ideal sentiments entertained by our worthy forbears in medicine and it is of immediate interest to note the

choice, diplomatic statements made of the results of their medical experiences. Having undertaken to carry on their unfinished tasks as reformers, our efforts bear a similar upward trend for the solution of the ideal problems of long ago. We are still slowly advancing in the accomplishment of their uncompleted work. Not occasionally, but often if not uniformly, ideal thought is the prophetic germ of unrealized truth, a conception moulded into belief of an attainable standard. These indeed should be cherished. Theories continually fluctuate, and a false one has aptly been termed "a formula which facts contradict."

Distinctive Medical Characteristics.

In a cursory survey of the history of medicine, including considerations of its scientific realizations and bearings upon human welfare, it is well to keep in mind that we are under the adjustment of natural law. The early beginnings of one profession typifies that of others, as the life of one individual is an epitome of that of a nation.

The higher development is subject to a natural ascensive order as strictly as the lower. We cannot escape the induction of co-existence any more than that of the correlation of force. The development of a bird conforms to requirements under the control of natural law that accurately and minutely differentiates the individuals of the species. In the nest, the tiny bird's egg represents potentially not only a bird, but the individual one, in every feature, including size, form, constructive ability, length of bill, beauty of plumage and even the musical pathos of its song. It is all there, rudimentally comprised within the egg.

The successive growth of human intelligence follows similar lines of progressive development. It is gradual, and its unfolding scope seems limitless. Right and wrong are interwoven into the thread of thought and into its method of evolvement, giving rise to diversity of ethnic ideas. Medicine had its starting point in the mythical age when gods and goddesses endowed material substances with marvelous properties and curative attributes. Medicine and religion are twin born begotten of Magic, cradled in enchantment and nurtured upon the pap of illusory tradition. Doctor signifies both teacher and preacher.

At an early period medicine was taught in temples and groves dedicated to the worship of those deities supposed to preside over the health-interests of their devotees, and there were as many divinities as there were different countries. In Egypt, the god Osiris, and his wife, Iris, were the tutelary guardians of the medical art, while in Greece, Esculapius was the god of health. Furthermore, popular imagination universal-

ly personified disease. Its significance as a real something was regarded as a fundamental proposition. At length Medicine reached the period of speculative philosophy, and the field embraced both remedies and disease. History informs us that the medical metaphysicians of that era unanimously arrived at the conclusion that disease is an entity—a thing of itself—an acquired autonomy, similarly as a tumor possesses a semi-independent power and a rebellious habit, affecting other tissues of which itself is a part. And this bright historian piquantly remarks: "It remains to be seen in what way and to what extent medicine in its scientific period, will bring these speculations within the category of perturbations of the physiological life!"

Eventually, literary conjecture gave rise to three distinct medical dogmas, alleged to be laws of cure, to wit: (1) The antipathic; opposite and suffering, signifying treatment producing an opposite effect, adverse to disease. (2) Homeopathic: like and suffering, means the producing of an effect like the disease; and, (3) Allopathic; another and suffering, means producing another disease incompatible with the existing one.

Galen announced the therapeutic law, "Contraria contrariis curantur," the dogma of the Antipathic followers, which later was bitterly opposed by Paracelsus and his followers, who advanced a substitute idea that "Like cures like." But none of these followed up the latter theory with a system of corresponding ideas.

As recent as the latter part of the 17th century, out of the combined chaos of mysticism and spiritualism, transformed into materialism, that dreamer of dreams and grand manipulator of potential essences, Samuel Hahnemann, took Europe on his literary way to mankind, and made claim, as original, to the discovery that "like cures like" and insisted that it is a universal, sole law of cure in all diseases. His fundamental principle required a single remedy and minimum doses to overthrow the dynamical aberrations undergoing in our spiritual existence, which, he averred, can be effectually accomplished by infinitesimal potencies accentuated by faith and unlimited attenuated solutions. His theory, stated concretely, (1) Like cures like; (2) Selection according to the law of similia; (3) Single remedy; (4) Minimum doses. In 1803, when 48 years of age, Hahnemann's biographer states that "We find him again in Dessau, which makes the 24th place of residence in 28 years. He afterward lived in five other cities, his decease finally occurring in Paris." From his biographer's account we are given to understand that he had very little practical ex-

perience, but others accepted his views and have brought that medical cult to its present state of perfection.

Next in the order of succession came Allopathy, adopting the European tradition that disease is an entity and its destroying angel, mercury. It is dressed in full panoply of war, backed by the courage of its convictions and full faith in its aggressive weapons. Like a plumed knight it bravely mounted its spirited Pegasus and swept the earth with stinking ptyalism and mercurial cachexia! It unsheathed the keen lancet in its encounter with Inflammation, and while the living crimson tide was streaming, mercury corrupted the living processes until it had completed its work and grim death smiled with satisfaction! Their most resoureeful field of remedial research is Toxicology. Allopathy, as a system, is inexorably environed by doctrinal dogma, by its ancestral traditions and methods of discipline, the precedents of contradictory text books silvered o'er with false experience and false philosophy conventionally enforced. I say, let her stand as she is, monumental! It is now impossible for that school to change its spots or bury its career! It is impossible for them to go back upon their past teaching and creed, although they themselves disbelieve both! Science forbids that the steed of Allopathy will ever arise and become a constellation in the starry firmament since its Pegasus is not the winged horse of the Muses! Both plumed Knight and vainglorious dogma must fall to earth, dismantled by science.

Our reasonable allusion to the fact that toxins furnish a fruitful, discretionary resource for Allopathic remedies, opens a wide door for the study of therapeutic toxicoses. It is a deeply interesting field for scientific inquiry, one that, for popular enlightenment, must be discussed and more familiarly understood. Do the people generally grasp the momentous significance of catalytic therapia? If this old school armamentarium becomes better understood, will the people, think you, be more in favor of this cult and its poisonous methods of destroying disease? Are the public generally sufficiently apprised of the Allopathic theorems of treatment? Is there any deceit practiced in hiding these matters from the people and leaving everything under the discretion of the physician?

We are not disposed to allow this implication that we have made, to rest solely upon our individual statement, but will endeavor, briefly, to substantiate its truthfulness by quoting from one of their many accredited text books on catalytic remedies.

In 1874, Lindsay & Blakiston, of Philadelphia, published a standard Allopathic work, "On the Action of Medicines in the System," by Frederick William Headland, M. D., B. A., F.

L. S., Fellow of the Royal College of Physicians, etc, etc., it being the fourth revised edition used as a text book by the "regular" profession. On page 365 (we quote): "The physiological action, i. e., the inevitable operation of mercury on all persons, healthy or diseased, may be stated in three theorems:

1. It is absorbed and passes into the blood.

2. It disintegrates, or decomposes the blood, and wastes the body.

3. It is ultimately excreted and passes by some glands more than by others, increasing secretion, both healthy and morbid."

By these three universal, rationally demonstrable propositions, this author establishes as a principle, the toxic action of mercury. Under the first theorem that "It is absorbed and passes into the blood." I quote this author as follows: "I may be content with the statement that mercury has been discovered in the blood of persons to whom it has been administered, by Wobler, Tiedermann, and other chemists. So intimately does it become united with organic matter that it is necessary to submit the blood to the process of destructive distillation before the metal can be recognized by the proper chemical tests."

Under the second theorem he says: "The mercurial, then, by some inscrutable chemical power, of whose nature we know nothing, is able to decompose the blood; by some destructive agency it deprives it of one-third of its fibrin, one-seventh of its albumen, one-sixth or more of its globules, and at the same time loads it with a fetid matter, the product of decomposition. Such power is possessed by few other medicines, and certainly exerted by none in the same degree as mercury. It is an agent of terrible activity and we may well be cautious how we handle it."

These Theorems which I have just read, are made by one of the most distinguished standard authors of the "regular" practice, and they fully and explicitly substantiate my own contention of the utter unfitness of mercurials as remedies.

A familiar instance of catalysis—i. e., degenerative decomposition, is that of yeast, a mere drop of which will set in ferment any quantity of malt. Another is the deadly venom of the rattlesnake, which converts blood and tissues into its own malignant virus. Each catalytic agent, however, manifests distinctive peculiarities and affinities that distinguish it from others belonging to this class. We may appropriately dub catalytics "Blood-despoiling ferments," whose inscrutable potency begets degeneration, dissolution and decay.

Mercurials are catalytic poisons whose action and consequences no one with certainty is able to foretell. After their administration a series of chemical changes occur resulting in their permanent combination with the blood and tissues. The sincere physician undertakes to make a judicious and conservative employment of this poison. But neither does his sincerity nor his conservatism prove sufficient to exempt his patient from harm, since in every administration the risk of poison is included. Its composition is latently pernicious, and the physician, as to its precise chemical action, is completely lost in the fathomless depth of uncertainty.

A Glimpse at Attitude and Ethics.

The unfoldment of life's Epic Circle from start to finish, discloses successive stages and methods of advancement. The processes of medical improvement are various, keeping pace with increasing enlightenment. One mistake of medicine, as well as of its twin sister, Religion, as we view it, is to place too much importance upon tradition and the deductions of emotive impressibility, rather than upon scientific investigation. Both desire to become authoritative, and both are therefore encumbered by doctrinal dogma. It has been said the truth of any religion lies not in its dogma, but in its moral beauty or practical imperishability. Human beings are progressive in knowledge gained from systematic observation, experiment and reasoning and from all sources of experience. While medicine, on public occasions, does not commit the puerility of rehearsing its vital dogma to make it more assertive, yet it is apparent that it feels and acts as though it is a finished product!

Medicine has its bitter family quarrels. Allos is proud, rich and arbitrary,—has no pleasant greeting for poor morganatic relations; possibly, a bright stray might be regarded as an exceptionable specimen of superior stock,—a harmless reflex reference to himself!

This social ostracism by Allos is the product of his narrow-minded egotism, and is easily accounted for by his early European environment, where educational advantages were not considered possible without wealth, and where caste determined the different grades and social status in society. There, every spiritual vibration, every moral innervation is at variance with the American, uplifting spirit of freedom.

When the enterprise of Allos sought American soil as another field for his vocation, he imagined he must still be supported here, as in Europe, legally and financially, and for this purpose sought the Aegis of law—the aid of restrictive legislation as against all rival cults. His presence in this country does not imply a conversion from caste, since he brought with

him into our country, its odious taint and repressive tendencies. The cult temperament was overbearing and his choleric disposition irascible, with morbid attacks of vomiting and purging of septic matters. Seventy-five years ago, in the wilds of New England, and in the sparsely settled middle states, where individual common sense was made rugged by practical experience, and effort inspired nobler ideals, many a successful "low down quack" in plain botanic clothes, has been the victim of this buzzard defilement. Because he was not within the "charmed circle" it was made a misdemeanor for him to practice what he knew, and he was mercilessly prosecuted and persecuted should he attempt to alleviate the ills and sufferings of his friends. The crafty assumption of power and its audacious misuse, leads to downfall. From that early period to this present time millions upon millions of the people's money have been squandered by Allopathy in the rearing of college temples, supplying them with every up-to-date facility for education, and collaterals for hospital service; but to the American system of Eclectic Medicine, **not one cent!** If any appropriation has ever been granted, the amount is so utterly insignificant that it is more creditable to the generosity of the American people not to question our broad statement. In spite of these enormous advantages, the latter is compelled to compete with the former in all branches of medical science. With a native rugged independence, an urge that overcomes every hindering obstacle, our success is a demonstration of their scholastic remissness and the misapplication of unearned advantages. Certainly, Allos is not rocking the cradle of liberty!

A New Country, and a New Declaration of Rights.

The cold winter campaign at last drew to a close; the bloody footstains of our brave veterans, left in the melting snow had scarcely disappeared when the revolutionary war came to an end, and behold a new Republic on American soil! From mouth to mouth sprang the rallying cry "Independence," and the conscious mountains and valleys echoed back the sentiment to awakened assurance—every heart a wireless responsive station in a moral atmosphere already vibrating with liberty. The people are the source of authority under the ideal regency of the Goddess of Liberty, the symbolic divinity of the genius of America; the vital spirit of our educational institutions, the inspiration and the aspiration of its every loyal citizen. The Stork made no mistake in bringing to America the babe of freedom to multiply here its kind until the earth be filled with the transcendent outcome of its humanitarian benefactions.

A new country to be subdued by labor, sparsely settled by rugged yeomen who are destitute of the comforts of a later

civilization, barely able to keep the wolf from the door, habitually frugal and struggling for the daily necessities of life,—and thus they grew up to be sturdy, manly and self-reliant. As the years rolled on, every precious soul born into the new paradise of freedom, with its first breath inhaled a life-renewing spirit, and thus from lowly but ascensive conditions, became not only an independent, but a resourceful people. The mother country derisively dubbed us, "Yankees,"—and it is a historic fact, it may be added, sotto voce, she did not withhold a profane prefix to that appellation on every occasion when fairly outwitted.

A Foreign Invasion.

Into this birth land of freedom came the alien spirit of Allopathy to colonize upon this country its European craft, spirit, ideas, customs, habits, caste, principles; and, beginning to shape our legislation, to the end that they might establish their dogmatic conclusions as the finality of science. We regard that historic medical body as a contraband abnormality, undertaking in the name of liberty to establish a fallacy, entirely oblivious of the fact that no statement of truth is a final one; much less the unverified, inductive inferences, moulded into concrete dogma! and that dogma, *poison*, to destroy disease! The preposterous idea is that everybody must swallow this dogmatic pill if they are to regain health. No physician is endorsed "regular" by the cult, unless justified by this legitimate tenet!

Do we realize that when this untenable foreign policy was transplanted upon our soil, it took vigorous growth! Because our people did not understand its portent, the cult invited us to place implicit confidence in its integrity, veracity, friendship and justice, and, in return, it promised an equivalent in professional service. It claimed to be the only true exponents of medical science. Under these fair but misleading promises, our country generously contributed to establish this trust, not fully realizing that we are restricted thereby to the goods it offers. This medical trustee was ever in readiness to administer upon our estate, provided that we promptly pay the costs! Nor does it propose to resign its charter as long as the business pays well, and death silences the clamor against mercurials.

Before this degrading misalliance of trust and treason appears Wooster Beach, M. D., who said: "I saw the degraded state of the healing art at the period when the mineral and depletive practice was almost universally followed, with only here and there an humble root and herb doctor. When I first came to New York there were only one or two obscure botanic shops and scarcely a botanic practitioner to be found in the city. I saw the necessity of a reformation in the science of

medicine and put forth every effort to accomplish it." He established a large practice, built an infirmary where great numbers received treatment, and finally by his aid, the REFORM SCHOOL OF MEDICINE, the Alma Mater of medical colleges since established in other states,—was a focus of medical education. Later in life he was the author of "The American Practice of Medicine," in three large volumes, which received the endorsement of medical savants of Europe. He visited the medical colleges and great European hospitals and speaks in high praise of the **Expectant Practice**, formulating this thought for the after consideration of medical reformers: "To give proper medicines **only** when indispensably necessary, and thus put an end to the ruinous practice of over-medication and the drugging system generally, which has been a fruitful source of injury to all classes of community." Our brief reference to the founder of the American System of Medicine is only to get a glimpse of the broad, liberal spirit of the man and the quality of his genius.

T. V. Morrow, then a pupil of the venerable Dr. Beach, who afterward became a foremost champion of the cause of medical reform, was commissioned to start a college enterprise in Ohio, which at that early day was regarded as the far west, He ably inculcated reform principles, his pupils in turn becoming his co-adjutors in the cause. A glance at the first article in the first issue of the Western Medical Reformer, January 1836, clearly discloses his idea of the necessity of medical improvement. I quote as follows:

"Neither are we alone in the opinion that mineral preparations and the frequent use of the lancet are exceedingly deleterious in their consequences. All writers upon the practice of medicine concur in enumerating **Mercury** and **Bleeding** among the **frequent causes of disease,** notwithstanding they strenuously recommend these **frequent causes of disease** as the chief means to be relied on in the cure of almost all diseases. But, aside from opinions so nonsensically expressed, there have been from time to time, some of the most eminent and skillful physicians of modern times, who have frankly confessed that mercurial preparations do and always have done more injury than good."

In the next monthly issue of this medical journal, the first article is by his associate professor, J. R. Paddock, M. D., and its heading is capitalized, "Remarks on the Nature of Mercurial Combinations and Their Effects on the Human System." In number seven of the same journal, Dr. Morrow, in response to numerous correspondents uses the following language: "Now, gentlemen, it is well known that it is an avowed object of this Institution to dismiss from the list of its remedial

agents all those articles which are liable to produce disastrous effects upon the animal system and substitute those which will be equally, or even more, efficacious in the removal of disease, without being liable to the same objections. I am among those who believe that there is no kind of necessity to call to our aid any remedial agent which is liable, under ordinary circumstances, to injure the stamina of the constitution."

Prof. Morrow not only fully realized what later some of our best friends seem to regard as modern, namely, the apparent aseptic effects of calomel and speaks of it candidly, using the following considerate but forceful language:

"It is by no means my object to say that mercurials are incapable of producing, apparently, good effects in the treatment of disease. Candor, as well as a disposition to do justice to this matter, leads me to make the concession that they operate actively, and, in many cases, appear to exert a salutary influence; but these characteristics are insufficient of themselves to justify the use of any agent whatever, as a medicine, when it is unavoidably liable to produce injurious effects in its operation on the human frame, as has been abundantly shown to be the case with that class of remedies under consideration."

And while we cheerfully accord to all who dissent from us their right of opinion and of practice, yet the consensus of thought among practitioners of the American System of Medicine is summarized in these words, "**The less we employ it the better.**" Doubtless this world furnishes many aseptic agents superior in character and use, devoid of all ulterior pernicious results, to reward the discoverers with an undying renown.

Before the class of the Reformed Medical School of Cincinnati, Ohio, November 6, 1843, Prof. Morrow made this statement:

"The results of my own experience for the last 13 or 14 years, in the practical duties of the profession, as has already been suggested, have fully confirmed my convictions on this subject. During the whole of that period I have not used a single particle of any mercurial medicine, either externally or internally, in the treatment of more than 30,000 cases of disease, and the success has been such as to prove to demonstration, at least to my mind, that there is no form of disease that may not be more successfully treated without than with the use of mercurials, and that too, without danger of any injury to the subsequent health of the patient; which, indeed, is a desideratum of no inconsiderable moment."

"Nothing is Perfected—Nothing Completed, by The Labor of One."—Columella.

The struggle today is still a revolutionary one, since scientific research changes the face of interrogatories, wipes away past difficulties, leaving truth to shine with brighter and still increasing effulgence, until we behold not as in a glass darkly, but discern with clearer vision, eye to eye.

It is the rugged ideals, the problems of our venerated fathers in medicine that still confront us for solution. Science has set no limit to the attainable, nor interposed the slightest obstacle to hinder human effort.

Dogma is a conglomerate of inferences drawn from suppositions, suggestions, guesses, uncertain conditions, intersocial volition and probable deductions, and such intelligible products of contemplation, cannot, in the nature of things, become the gauge and measure of human intellection. Approximate generalizations for the discovery of something unknown are therefore tentative and probationary; in short, experimental,—whether relating to medicine, philosophy or religion. We have no terminology applicable to improvement, no finality in investigation. Longfellow expresses our conception: "From the sky serene and far, a voice fell, like a falling star—Excelsior!" and let this ever remain the rallying cry of earnest scientific investigators.

Tired nature evokes the quietude of slumber while nutrition in the terminals of the vascular system, silently repairs the waste and recuperates every languid bodily function. Subconsciousness is the sleepless sentinel that never ceases its tireless vigilance during the unending round of restoration and innervation, and the mentality is momentarily reinforced with life-renewing energy. It is then that the Emotive faculties perceive by instinctive apprehension, or, by an inexplicable and unconscious process of thought, keenly susceptible and receptive of moral and spiritual impressions become conscious of supernal Love and Wisdom. The qualities of these faculties are represented by Benevolence, Joy, Hope, Confidence, Gratitude, Love and Devotion. The Intellect perceives and discovers,—the Emotions are ideal and inspirational; while the Intellect is reasoning, exacting and demonstrative, the Emotions are the source of faith and loyalty to the occult promptings of principle. The founders of The American System of Medicine were distinguished for diligent and original research, and they have shown an abiding faith in future possibilities and of realizing their high ideals. The Emotive faculties sweep the future with transcendent vision,—the vanguard of evolution. As daybreak foretokens morn, a prelude of suspense intervenes be-

fore the sun floods the earth with glowing light and radiant beauty, so Emotive faculties prepare the way with a mysterious electric power that vitalizes every uplifting enterprise.

Alas! how true, when Will-power is subordinated to lust and greed,—or, when selfish ambition succeeds by an unscrupulous policy, human welfare enters no more into account than flies in political shambles, and the emblems of liberty and human progress trail in dust.

Medical Conferees, it is for us to awaken to renewed investigations with an ardor that will solve the knotty problems of the past and those that now confront us, and, under noble inspirations redeem our professions from the fetish of dogma and the mysticism of death-dealing poisons, inscribing upon our banner the wholesome ideal of SANATIVE MEDICATION. And this is one among many of the present, and one also of the ultimate aims of THE AMERICAN SYSTEM OF MEDICINE.

NUCLEIN.*

John Fearn, M. D., Oakland, Cal.

Read before the California Eclectic Medical Society.

This is one of those products that has been revealed to us by the investigations of the chemist. Some one has said that NUCLEIN is one of Nature's Antitoxins. These Antitoxins, of which we know many and I think we will yet know more, have in all probability existed from the very beginning of man's physical life. They have been in us, and of us, but we did not know of them: it has taken the patient and continuous research of scientists of the Nineteenth and Twentieth Centuries to reveal their presence to us. We know but little about them yet, and it will pay to get better acquainted with them. I shall say nothing here as to the how of their preparation; but would say they are here, let us use them.

Therapy. Now just as in the moral and spiritual world there are agencies helpful and agencies hurtful; so this body so fearfully and wonderfully made, is constantly exposed to the attacks of living entities, for convenience we may call them Bacteria. These entities invade the body and there seek to accomplish their work of destruction, disease and decay. But an all wise and beneficent creator has provided an inner guard for the protection of life and health, these guards, for convenience we will call Phagocytes. It is the business of these guards to surround these Bacteria and to destroy them. This business of destruction, for convenience, we will call Phagocytosis. Now this fight is going on all the time in man's body. If Bacteria are on top then there is sickness, specific

*From advance sheets of "Fearn's Therapeutics."

disease and trouble. If the Phagoeytes are on top, then there is health and freedom from disease. Right here eomes to mind a pieture whieh many will reeognize. It is Professor Howe in the leeture room, as he stands ereet, his thumbs in the armholes of his vest, his ehest expanded; a pieture of manly strength and virility. Speaking about these invaders he said: "I swallow a bushel a day; what beeomes of them, why am I not siek? The living **virile** forees of the body take eare of them." Now if this reasoning be right, and to my mind this reasoning has long been eonelusive, surely it beeomes us, as reasonable men and helpful physieians, to use every means within our power to help this good army within; and study to make the work of Phagoeytosis as perfeet as possible. And here let me say one of our best and most sueeessful means on this line, in my humble opinion, is Nuelein. But it must be used intelligently and earefully.

Let me give you a rieh ehunk of therapeutie truth from the pen of one who has done more than perhaps any other man to popularize the use of Nuelein among the profession of medieine. "Given in moderate doses, Nuelein promotes oxidation, favors the elimination of waste and all deleterious produets and finally and most important of all, stimulates the phagoeytes and enables these soldiers of the system to surround and destroy the invader."—Abbott.

If we should attempt to mention the diseases by name where Nuelein ean be used to advantage we would have to name every disease in the books. The wise physieian of today treats not names but eonditions. And here we would ask what are the eonditions where we ean give this remedy with advantage? In fevers and inflammations of all kinds if we use Nuelein and push the proper sedative, we shall find the temperature eoming down, and general eonditions improving; henee it has been found of great serviee in pneumonia in diphtheria, in pharyngitis, in tonsilitis, in enteritis and in inflammation of any of the speeial organs. In phthisis it has a great field, in the early stages of eaneer, in pernieious anaemia, in fact, wherever we have evidenee that the bodily resistanee to disease is failing, that phagoeytie aetion is low, that the blood stream is being polluted with materies morbi, and a general systemie poisoning is taking plaee. While keeping the body elean both inside and out, and using every other proper means, never forget the intelligent use of Nuelein. We have no better stimulant to Phagoeytosis than that. In serious malarial toxemia I have seen its use attended with death to the malarial plasmodium, as proved by the mieroseope as well as by the eondition of the patient. Do not forget Nuelein in the serious eonditions following sexual abuse. If you will take a pieture

of your patient both before and after treatment with this remedy you will be much surprised. While using this remedy other indicated remedies may be used;—tonics and peptics in stomach troubles; alteratives and eliminatives in rheumatism and blood diseases. My son has great use for Nuclein in surgery. In capital operations and all serious surgical cases he would not think of dispensing with Nuclein.

In using this remedy I prefer to use it without admixture. I have used it in combinations, also in tablets and pellets; but nothing seems to equal the pure solution, it can be given by mouth or hypodermically. In the early stages of cancer it can be injected into the tissues around the growth.

Do not give it at meal-times, but for the best effect, first cleanse thoroughly the buccal cavity, then with a clean glass dropper place the desired dose on the tongue. It is quickly absorbed. Let it be given between meals or at any rate at some distance from taking food.

I have used Protonuclein with good results. With this exception I use Nuclein Abbott only. The dose with me has been from gtt. iii. to gtt. xx, in some cases even larger doses; such doses can be given three or four times a day. In some chronic cases it is more convenient to give one good dose every day.

THE ANTAGONISM OF PLANTS

Dr. Ovid S. Laws, Los Angeles.

We talk and write much concerning the effect of our remedies on various diseased conditions of the human body, but we seldom see anything concerning their influence upon one another. Some hints on that line may be of interest, yet I cannot promise anything new to many of our readers. Bartholo classified certain drugs as synergists, and our chemists speak of incompatibles, but neither of these expressions gives the idea that I refer to, yet both may possibly be included in it, and to some extent explained by it.

We use Grindelia and many other remedies for the dermatitis caused by Rhus tox, but do they antidote the action of rhus tox, or simply cure the dermatitis after the volatile poison has gone? Surely so many things that are claimed as cures for rhus poison cannot be true antidotes for the poison, but I suspect that Grindelia is, and would neutralize the desired effect of rhus if combined in a prescription.

I am led to this conclusion by my long and extensive use of two members of the vegetable kingdom that I know antidote other members so completely as to render them neutral, or at least eliminate the most prominent effect.

Not long since I wrote of one of these—Monarda punctata—how effectively it antidotes the nauseating principle of ipecac and lobelia. The strong infusion or tincture of the fresh plant is required to do this. The oil does not give the same good effect.

The other is our old friend Sassafras. I have written some about it also; but I bring these up to raise the question whether these are the only ones that can and do neutralize or antidote the effects or principles of others. I have used the tincture of the oil of sassafras extensively as an antidote for tobacco. And it does it so completely that some become disgusted with the taste or smell of tobacco, while all are rendered weak from the neutralized condition of the nicotine. It has the same effect on the toxic principle of hyoscyamus, as I have tested often. Use as much tincture of sassafras, either of the fresh bark of the root or the oil, as of the tincture of hyoscyamus, and you need not fear large doses.

Sassafras tea is much used in the southern states as a drink on the table at meal time, the red variety being preferred; but they say you must not use it constantly very long as it thins the blood. A large per cent of the southern people, both male and female, use tobacco, and the sassafras tea kills so much of the nicotine that they become weak with "a tired feeling." Hence they conclude that the tea thins the blood, which it neither does nor can do, but simply purifies it by neutralizing the toxins in general, and nicotine in particular. It is a valuable beverage for any one to use, who is troubled with auto-intoxication from any cause, but if tobacco is one of the causes, nux vomica will be needed to supply the place of nicotine, and sometimes in large doses at that. Some old tobacco users will thrive and do well on such large doses of nux as would almost kill one that never used tobacco. This is while using the sassafras, of course, which eliminates the tobacco stimulant. To ℥iiiss. of thin syrup add ℥iv of tincture sassafras, and gtt. xxx of spec. nux vomica and give a teaspoonful four times a day to one who has tobacco heart, and must quit the use of the tobacco. Less may do for some, but more will be needed for others, or given more frequently.

I give the foregoing facts to stimulate a more thorough study of the possible antagonism of plants.

We should not hastily put together several plant remedies without seeing clear indications for each one; and then it would often be as well or better to take the one most prominently indicated, which will soon fill its own work, and cause the other indications to disappear. I do not confine myself to single remedies, but suspect that it would be as well for my patients if I more frequently did.

I was called to a case once that seemed to need almost everything in the materia medica; but as the most striking indication was for the sulphite of soda, it was given freely and often, and nothing else. The patient improved promptly and rapidly, and was well in such a short time as to surprise her friends, and the doctor also. But if you are using toxic remedies, a little monarda or sassafras tincture will render them more pleasant and less dangerous.

APPEAL

To the Medical Profession of the West and South.

Up to the present time there has not been a concerted effort made to collect and preserve historical data in regard to the origin, evolution and personnel of our profession in this part of our country. The result of this delinquency has been the total loss of much material that should have been preserved, especially pertaining to medical schools and societies, and biographical matter in connection with the practitioners and teachers of medicine of by-gone days. A good deal of material of this character is still obtainable if a systematic effort is made to locate and preserve it. It is in the possession of individuals, families and private libraries and will eventually be lost. **The Western Association for the Preservation of Medical Records** was organized in May 1909 for the purpose of collecting the historical and biographical records of the profession of the West and South. We wish to preserve anything and everything pertaining to Western medicine and medical men and are anxious to enlist the active help and support of every member of the profession who is in sympathy with our aims. We want every one to become associated and identified with the work of our Association. There are no fees or obligations of any kind. We have made arrangements with the Lloyd Library, Cincinnati, O., for the proper housing of the material collected. The latter will be systematically arranged, catalogued and properly preserved so that it can be made available for research-work. We are particularly anxious to obtain:

1. Medical Journals published in the West and South prior to 1880.
2. Medical books and pamphlets written or published in the West.
3. Manuscripts and autographs of early physicians.
4. Old diplomas and other documents of a medical character.
5. Proceedings of medical societies.
6. Reports of hospitals and other medical institutions.

7. Catalogues and Announcements of Western and Southern medical colleges of all "schools."

8. Biographies and portraits of Western physicians.

9. Information and material of any kind pertaining to medicine and medical men and affairs in the West and South.

10. Curios of a medico-historical character.

All contributions should be sent in care of the Librarian. In view of the fact that we are performing a labor of love and have no funds, our friends will readily understand why all contributions sent by express or freight should be prepaid so that no expense may accrue to the Association. The necessary expenses of the Association are at present being met by voluntary contributions of its organizers.

May we not count upon **your** active help and support? We would like to hear from every member of the profession who is interested in the proposed work.

C. A. L. REED, M. D., Chairman
OTTO JUETTNER, M. D., Secretary.
A. G. DRURY, M D., Librarian,
710 W. Eighth St., Cincinnati, O.

SURGICAL SUGGESTIONS.

An intractable non-gonorrheal cystitis in the male nearly always indicates a tuberculous kidney.—American Journal of Surgery.

When a pyloric carcinoma is palpable, preoperatively radical removal is usually impossible.—American Journal of Surgery.

The examination of the eye grounds will often be the first clue to a tumor of the brain.—American Journal of Surgery.

When draining a deep-seated abscess found with an aspirator, do not remove the aspirating needle until the abscess has been freely opened. (It is allowable to replace the needle by a grooved director.)—American Journal of Surgery.

Osteosarcoma about a joint may closely simulate a rapidly-growing exostosis of arthritis deformans.—American Journal of Surgery.

X-ray shadows of renal calculi very close to the vertebral column should make one suspect stones in one-half of a horseshoe kidney.—American Journal of Surgery.

Not infrequently shifting dullness in the flanks is the only differential sign between diaphragmatic pleurisy (and beginning pneumonia) and appendicitis.—American Journal of Surgery.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

ABSENT TREATMENT.

Many of our practitioners are so located that it is quite impossible to keep constantly in touch with all of their families. As a result emergencies arise unexpectedly and the patient will be given some patent medicine upon the advice of a friend, or if there is a good deal of excitement any doctor may be called in who is at hand. In the first instance, should the remedy apparently be successful, it immediately becomes the household favorite. In the second instance, should the doctor be successful, he is likely to become the household favorite. In either event, the prestige of the former attendant is somewhat impaired, all of which could have been prevented by the exercise of a little foresight. The common family emergencies are but three. Irritations of the respiratory tract; irritations of the intestinal tract, and minor injuries to the skin. Furthermore, a treatment for each may be devised which is so simple that any sensible mother may be instructed in a few lessons to properly use it. For example, Stillingia Liniment is a good and safe remedy and as much may be said of Neutralizing Cordial. Also a can of Mild Zinc Ointment with a few bandages will answer for most of the small burns and bruises. To be sure, if the doctor were present he could prob-

ably do better for each individual case, but as it is impossible for him to be at more than one place at one time, he is frequently absent; and something will be done.

Furthermore, it can not be gainsaid that a mother has confidence in the remedies which her doctor uses, and that she will use them in preference to any patent medicine. It is also true that even in serious matters, if she have suitable remedies to give she will wait with more patience the arrival of her doctor. Again, many mothers have learned that "a stitch in time saves nine" and they believe it applies to sickness as well as other matters. Some say that this suggestion smacks of the frontier days, and so it does. But with the rapid increase in the cost of a medical education and the correspondingly rapid decrease in the total number of practitioners, not every village can have an Eclectic doctor, and it behooves us to prepare to take care of a scattered clientele.

MEDICATION BY AUTHORITY.

Those of us who try to keep in touch with the "regular" press, as a matter of duty, find the work somewhat less arduous just now than it has been for some time. Apparently there is a clique intent upon running the American physicians of the "regular" persuasion. A procedure likely to cause balking in the majority of the rank and file and bucking in not a few. For, a free American physician, even after "regular" training, does not care to be told by a self-selected committee just what he shall or shall not use in the treatment of disease, or what he shall or shall not read of current medical literature.

The following extracts certainly may be classed as seditions:

"The American Medical Association is a small part of the American profession. The men who run it are a small part of the Association. The Council on Pharmacy and Chemistry is the creature of the dominating clique. This mischievous little council would seem to be a flea on the last hair of the tail of the dog. If the tail, which is short and quite weak, cannot wag the dog, what can the flea do? Nothing.

"This close set of men dares to tell a doctor, who, mayhap, has been using certain preparations for years, that he is entirely wrong in his selection of remedial agents."—From Medical Mirror.

"Are we living in America or Darkest Russia? Is this the fourteenth or the twentieth century? Are we free men or serfs? Have we—owners and publishers of medical journals—any rights whatever which the machine is bound to respect? Have we the right to think and speak our sentiments or are

we to be controlled in both by the monstrous machine which would dictate to us and muzzle the press under the denunciation of being 'unclean' or 'infectious' and unworthy of support by the profession? Shall we not be permitted to 'differ with brother Paul' as to the respectability of a pharmaceutical preparation? Who gave this Council the right to dictate to the press what shall and shall not be advertised? This is the most insolent, high-handed and outrageous act of all the brazen acts of the political machine that controls the American Medical Association and its organ."—From Charlotte, (N. C.,) Medical Journal.

Being Eclectics, this rebellion in the "regular" ranks does not concern us very much. However, we have the interest of a bystander and our admiration is about equally divided between the men who have the nerve to undertake the consummation of such a scheme, and the rank and file who still have a feeling of independence.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May 1910. J. T. Farrar, M. D., Berkeley, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1910. Q. A. R. Holton, M. D., Whittier, President; M. Blanche Bolton, M. D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. Dr. L. A. Peree, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held at 8 p. m., Tuesday, September 7, 1909, at the College Building, 337½ South Hill Street, President L. A. Peree presiding.

Roll call showed a fair attendance of the members. Quite a number of visitors were present, a part of whom were from Sawtelle.

After the transaction of routine business, the assembly was entertained by a very interesting paper entitled, "Desul-

tory Glimpses of Medicine, Retrospective and Prospective," read by Dr. Orin Davis of Sawtelle. This paper was the longest and among the most interesting ever read before the society, and called out considerable favorable comment from Drs. Munk, Perce, Johnson, Hubbard and others.

Dr. Davis is a man of advanced years, but he has not lost the vim of earlier days, as the reading of his well written paper attested. His life history forms a link between the past and present of our school for he was in the field as a practitioner during the first half of the Nineteenth Century while Beach and Morrow and others of the founders of Eclecticism were still living. The independence of his opinions and the force with which they are asserted, tells us that within him survives the spirit of early medical reform and despite his years, he lives in "Nineteen hundred and Now."

At the suggestion of Dr. O. C. Welbourn, a vote of thanks was extended to Dr. Davis in appreciation of his effort.

The name of C. E. Johnson was proposed for membership and he being found fully eligible, was elected by unanimous vote.

Dr. C. E. Johnson having been appointed essayist for the October meeting of the Society, will read a paper entitled, "Radium as a Therapeutic Measure."

The Society adjourned to meet at the College building, 337½ South Hill Street, Los Angeles, California, at 8 p.m. Tuesday, October 5, 1909.

G. W. FINCH, M. D.
Secretary, Pro tem.

NEWS ITEMS.

Dr. and Mrs. E. R. Harvey and son are visiting relatives and friends in the East.

Dr. J. C. Bainbridge, Santa Barbara, accompanied a patient to the Westlake Hospital recently.

Dr. and Mrs. Orin Davis, Sawtelle, celebrated their sixty-sixth wedding anniversary last month.

The California Eclectic Medical College opened on Monday, September 13, with a greatly increased attendance over last year.

The Los Angeles County Eclectic Medical Society will continue to meet on the first Tuesday in each month as heretofore,—the place of meeting being the college building.

Dr. C. W. Ray, Mountain Lake, Minnesota, who recently visited this state, has returned with his family and located in Whittier.

In this issue we publish an article by Dr. John Fearn on "Nuclein" from the advance sheets of his work on Materia Medica, which will soon be published under the title of "Fearn's Therapeuties."

It should be remembered that alcohol is the antidote to carbolic acid. If swallowed by accident or with suicidal intent, alcohol, whiskey or brandy should be freely administered internally and free emesis induced; and if applied full strength to the skin, bathing the part immediately with alcohol will prevent any injurious caustic effect.

A quarter ton of Anamopsis root,—but not nearly all of the visible supply, was furnished by the College Botanical Garden and shipped to Lloyd Brothers, Cincinnati, a few days ago, to be made into Specific Medicine.

Dr. Orin Davis of Sawtelle, Cal., who is 87 years old, attended the last meeting of the Los Angeles County Eclectic Medical Society, and read a paper on "Desultory Glimpses of Medicine, Retrospective and Prospective." He was accompanied by his wife, a fitting helpmate, and a number of admiring friends and neighbors who wanted to hear him. His address received close attention and appreciative applause. He is a man remarkably well preserved for his years; has a magnetic presence, clear, ringing voice and an effective delivery.

Everybody in the California Eclectic Medical College enjoys the convenience and comfort of its new location. The term of 1909-1910 starts out with a good freshman class—quite an improvement on last year.

Dr. Munk and his brother Judge Munk have gone to Arizona on a vacation. Judge Munk is slowly recovering from a protracted sickness, due to a general breakdown, and needs the stimulus of altitude and the dry mountain air of Arizona to promote convalescence.

Dr. L. C. Light, formerly from Butte Co., has located in San Pedro.

BOOK REVIEWS.

BULLETIN OF THE LLOYD LIBRARY OF BOTANY, PHARMACY AND MATERIA MEDICA. J. U. and C. G. Lloyd, Cincinnati, Ohio. Reproduction Series No. 7. Life and medical discoveries of Samuel Thomson, and a history of the Thomson Materia Medica, as shown in "The New Guide to Health," (1835) and the literature of that day. Including portraits of Samuel Thomson; Fac-Simile of Thomson's "Patent" to the Practice of Medicine; the

famous letters of Professor Benjamin Waterhouse, M.D., the celebrated "Trial of Dr. Frost," and other features of a remarkable epoch in American Medical History.

MANUAL OF THE DISEASES OF THE EYE, for students and general practitioners, by Charles H. May., M.D., chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York, 1890-1903; etc. Sixth edition, revised with 362 original illustrations, including 22 plates with 62 colored figures. New York. Wm. Wood & Co., 1909. Price, $2.00.

The fact that this work has reached its sixth edition since 1900 and has been translated into seven foreign languages proves that its worth has been recognized as it should have been.

This book is more for the student and the general practitioner than for the specialist, greater stress having been laid on the commoner diseases of the eye, than on rare conditions. Therefore its value as a foundation for the study of the eye cannot be over-estimated. The author has kept the volume up to date, sufficiently comprehensive, and yet of limited size to meet the requirements of students and general practitioners for whom it is intended.

MANUAL OF THERAPEUTICS issued by Parke, Davis & Co., is a well-printed volume, handsomely bound in flexible leather, of about 650 pages. It is really an encyclopedia of useful information which the physician is bound to value, considering the convenient form in which it is presented.

Any physician wishing a copy may have the same for the asking. Parke, Davis & Co., Detroit, Michigan.

THE RENEWAL OF LIFE. Thos. Bassett Keyes, M. D., of Chicago, Chairman of the First Organization Committee of the American Congress of Tuberculosis, and one of the Vice-Presidents of the International Congress of Tuberculosis, St. Louis Exposition, 1904, etc., etc., 206 pages, Chicago, Ill. The Tubercle Press Bureau, 1909.

This is a monograph on the Renewal of Life and the Cure of Disease with subcutaneous injections of oil. Many cases are cited in which this treatment has been carried out with a large percentage of cures resulting.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION, by John William Fyfe, M. D., 8vo. Cloth, $4.50. The Scudder Bros. Co., Cincinnati, Ohio.

The above-named work, by the author of "Modern Materia Medica and Therapeutics," fills an important and previously

unoccupied field in medical literature. Dr. Fyfe has been prominently connected with the literature of the Eclectic school for but little less than half a century, and his long experience as a practitioner of specific medication has abundantly qualified him for the task of preparing a valuable work of the character above indicated. In his preface the doctor says:

"When the writer began to prepare the pages which follow it was his intention to revise and combine in one volume the two works of the late Professor Scudder on Specific Diagnosis and Specific Medication. The great advancement which has been made during the past third of a century in the Eclectic methods of practice, however, soon made it apparent that this would be to the writer an impossible task, for it was found that much new matter would have to be added in order to bring the work up to the present needs of the medical profession. The addition could not be made and still preserve Professor Scudder's unique arrangement and forcible diction. It was, therefore, thought the wiser and more satisfactory course to prepare a n ew work, based on the writings of Dr. Scudder and more recent authors, including the personal observations of the writer."

READING NOTICES.

THE CHILD THAT FAILS TO THRIVE.

is one of the many troublesome and vexatious clinical puzzles that the family practitioner is called upon to solve.

Malnutrition, slow growth and development, sluggish metabolism, unusual suseeptibility to digestive and respiratory disorders, mental dulness, physical lassitude and lack of snap and ambition, constitute a clinical picture that every physician of experience will readily recognize.

To arrive at any definite determination in regard to the treatment of such a patient, a careful and thorough physical examinaton is essential, in order that any of the causes which act reflexly through the nervous system may be discovered and properly dealt with—Post-nasal adenoids, a redundant prepure, ascarides, eye strain, as well as other local irritations, may be more or less responsible for the child's backwardness, both mental and physical; constitutional diatheses, such as syphilis, tubercnlosis and lithemic states, should also be looked for and intelligently treated. After the discovery and removal of the cause, tonic and reconstituent treatment is almost invariably indicated and among the reconstructives especially adapted to the delicate digestive organs of the undernurtured child, Pepto-Mangan (Gude) is easily first. Its iron and man-

(Continued on page xii.)

A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is **"Syrup of Figs and Elixir of Senna."**

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs	75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only .	25 parts

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ganese content exists in organo-plastic combination with peptones, and the preparation, as a whole, is so pleasant and readily tolerable as well as immediately and wholly assimilable, that children of all ages take it readily and benefit materially from its corpuscle-building and hemoglobin-contributing power. Unlike most iron-containing remedies, it does not injure the teeth nor cause constipation.

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(Continued on page xiii.)

CLUB RATES

The various Eclectic publishers have decided to offer special club rates to March 1, 1909. If you are not familiar with any of these journals, a sample copy can be obtained on request.

Journals	Price	Club Rate
Amer. Med. Jour., 5255 Page Ave., St. Louis, Mo...	$1.00	$ .80
Cal. Ec. Med. Jour., 818 Security Bldg., Los Angeles	1.00	1.00
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Eclectic Med. Gleaner, 224 Court St., Cinti., O....	1.25	1.00
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Eclectic Review, 140 W. 71st St., New York, N. Y..	1.00	.80
Ellingwood's Therapeutist, 100 State St., Chicago..	1.00	.80
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The American Medical College of St. Louis, Mo., 407 S. Jefferson Ave.

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be built if it were insisted that all laborers be of one trade? How in the world can we develop any line of thought or research except we stolidly maintain what we know to be right in the face of all opposition? Common sense and the highest reason teach us that only by persistent effort and continuous labor in the line of research adopted, and positive support of those principles we believe in can they be established.

By persistent effort Eclecticism has been established upon a sound and enduring basis—scientific as far as it has been developed. Its methods differ from all other methods of cure. Its principles are at variance with the present-day theories. The results of its application are so superior to the theories advanced that comparison is not necessary; and so they must remain if correct, until all other methods change to conform to them. And I ask in all seriousness, can this be unless we everlastingly hammer these principles into people? If we its friends desert Eclecticism how then can it continue to grow and develop?

Since the world began and the human race started on its upward course all advance has been made in the face of studied opposition. I can picture in my mind the crouching dweller of the cave snarling his disapproval of an open-air shanty. I can picture the feeling of insult in the breast of the savage eating his raw food when he discovers some one building a fire to cook his. Coming down to our time the man who reaped his grain with a hook was envious of his neighbor who invented a "cradle" and the latter thought his neighbor a fool who spoke of a "reaper." The mere mention of a machine to gather and tie bundles was evidence that one was well started on the road to the crazy-house. And so it goes from age to age. The fellow who hasn't got it doesn't want anybody else to have it and resists the innovation until he has no foundation upon which to stand. It is not different in medicine. All advance in the direction of better methods has been opposed with all the vigor of an obstinate majority, and has been accomplished only by persistent pounding against the opposing force in season and out of season, and will continue only by an unwavering fidelity to what we conceive to be the truth.

Looking back over human history we see the colossal figures of the different ages standing out clear and distinct while all around them is strewn the wreckage of the common herd. Every great figure of the past had an idea, sensed a truth which the masses could not comprehend, and though he met with the most stubborn opposition, was heaped with ridicule and abuse and was ostracised by his fellow-men, yet persisted in his course even unto seeming dishonor and death. Per-

haps ages afterward a shaft is erected to his memory. The world's pay is small, but what of it?

Now a word to Eclectics. Why did any of us extend the hand of fellowship to the struggling few? Was it because we believed Eclecticism to embody the best there was in medicine? Do we not still think it embodies the same today? Have we not learned since going out into the field to labor that we have the most perfect tools to work with that the world contains at the present time? Do we not believe the Eclectic school is working to make more perfect the implements of its warfare against disease? Are we so constituted that we would rather have the applause of men than possess within our own minds the thought that we are right? Does place or position attract us more than a knowledge of truth and right thinking and acting? Then the sooner we get out of the one and into the other the better it will be for those who are struggling to keep the flame of Eclecticism burning. If we still believe in the principles of Eclecticism and that the Eclectic practice is best for the sick, that it is a humane, kindly, safe and successful treatment, then I say we should not be afraid to stand up for what we believe to be right. We cannot continue to exist if we fail to defend and push forward our cause. We dare not stop, for to cease to move on is to die. We need not offend those who are laboring in a different line of research. If they take offense because we will not sit down and watch their antics then be the blame their own. And I say to you, there has never been a time, when our school had such an opportunity to advance its principles, as now. The homeopathist has failed to prove his law of similars, although he has done a world of good, and I am here to say God bless him. He helped to break the shackles which had been forged upon the profession of medicine. He still is doing good, much good. The regular school, so-called, is at sea without a compass. Its sails are in shreds. The majority of its masts have been swept away. It is without water and without food, figuratively speaking. Its crew is become mutinous and we may look to see its "officers" dispossessed of their authority, bound and gagged. Their crippled old craft, new-manned, will become a free-booter seeking anything which offers aid. And where can it find such aid as Eclecticism offers it?

My brothers, if we let the present opportunity to profit our cause go by without taking advantage of it, then are we as those who "having eyes to see, see not; and having ears to hear, hear not the things which so nearly concern them."

MOON, PARTURITION, PERIODICITY.

By Herbert T. Webster, M. D., Oakland, Cal.

All of us with much experience are familiar with the faith of many elderly people in the influence of the moon's phases on organic life. We have been wont to call this superstition, but it might be better to term it tradition; for people in advanced life if observing, become impressed during their experience by various phenomena of nature until they grow to place confidence in what their forbears have taught them, notwithstanding the scepticism of unbelievers.

Do the moon's phases influence the length of gestation and finally coincide with the period of labor in most cases, or does labor come on, as the old Arabian physician declared, "by the Grace of God?" In reply, it might be stated that the subject has been carefully weighed by some of the most profound philosophers the world has ever known, and a scientific rationale has been offered in support of the moon's influence.

Not long ago the writer was engaged to attend an expected confinement in a woman who fifteen years previously had nearly lost her life in giving birth to her first and only child. She is small, of slender build and narrow pelvis, with stubbornly rigid os uteri. She was three days in labor with her first child, and forceps' delivery was difficult and resulted in laceration of the os uteri and perineal body. She suffered extreme ill health for seven or eight years afterward,—until the injuries were repaired,—in fact, was a confirmed invalid. As a consequence, she dreaded the second ordeal, though she greatly longed for a child, since the first died at the fourth or fifth year of age, and she is extremely fond of children.

When the time for confinement arrived,—nine calendar months and a few days more, or four and a half months after quickening,— labor was anxiously looked for. Time passed on, however, until ten calendar months had passed, and still no sign of labor. To put it in the words of the subejct, she was now " as big as an elephant," and was very much worried for fear the child would be so large as to render labor by the usual route impossible. As the husband was also anxious, a consultation was had, with the conclusion that it would be best to induce labor by artificial means, rather than allow gestation to continue longer. At this juncture the lady's mother, who is a member of the household, and who had been an interested listener, interjected: "Whatever you do, please wait until next Friday, for then the moon changes." As this was only three days away, her request was acceded to, and sure enough, at two a.m. on the following Friday labor began; and though it was protracted beyond twenty-four hours, and in-

strumental aid was invoked, the case made a fair termination, both mother and child doing well.

A short time after this, an old patron visited my office one afternoon, and requested me to remain within calling distance the following evening, for he believed his wife was about to be confined. He stated that she had been subject to bearing down pains and fullness in the pelvis all day, and that her time was up, as near as she could determine. Hearing nothing from the case until the following day, and desiring to leave town for a few days, I called at their home, to ascertain the state of affairs before leaving. I found the lady up and about her housework, feeling as well as usual, the pains having ceased, though the uterus seemed to her to be low in the pelvis. Waiting one day more, and finding the patient still on her feet and feeling as well as usual, I informed her that the manifestation she had had was probably the "settling down," often experienced by women about a fortnight previous to labor, and noting that it had occurred on the sixteenth of the month, I expressed the opinon that labor would not come on until the thirty-first, at which time there was a change in the moon. I therefore left on my trip. I was at home several days before the expected time, and watched with some curiosity for a call from her on the thirty-first; but the day passed on without any word from that source, and I retired, at 10 p.m., beginning to lose faith in signs. Before 11 o'clock, however, I was awakened by the office bell, and summoned to my expected case of labor, which terminated successfully before morning.

These cases impressed me so much that I made an investigation of my last ten cases of confinement, and by comparing the dates with the calendar I found that only one of them deviated more than twenty-four hours from the time of the moon's changes, and this one might have been my own error in entering the date in my day-book. This one was entered on the 13th of the month, and the moon changed on the 15th.

A large contingent of stockmen and breeders place much confidence in the moon's changes when expecting additions to their flocks and herds. We do not usually find such people superstitious, for they are mostly persons of sterling sense in ordinary affairs, not given to visionary ideas. Their belief is founded on personal observation. They will not attempt to explain why this is so, but they will tell you that it certainly is so because they have observed the fact often enough to convince them; often enough to become a tolerably safe rule.

When we examine the matter we become impressed with the fact that at some time a profound impression has been made upon man and animals springing from the same genealogical

root-stalk, which renders them susceptible to the rule of seven. The regular menstrual period is twenty-eight days, just four times seven. The regular time of gestation is two hundred and eighty days, just forty times seven days, or ten lunar months. We observe a tendency for malarial fever, after interruption, to return in seven, fourteen, twenty-one or twenty-eight days. The regular length of a typical case of typhoid is twenty-eight days, from beginning to termination of lysis. Relapsing, or seven-day fever, observes a similar rule, the relapses occurring at regular seven-day periods. Complications in different fevers may interrupt somewhat the rule, but this in nowise invalidates the fact that the seven-day influence is present.

In the incubation of birds, which belong to the same genealogical tree as man and mammals, we find the rule of sevens at work. We can depend, to a day, upon the hatching of pigeon's eggs in fourteen days; of the eggs of the common domestic fowl in twenty-one days; of the eggs of the duck in twenty-eight days; of the ostrich, in seven weeks, or forty-nine days, etc.

Why these multiples of days which correspond with multiples of days consumed in a quarter of the moon? What influence should render seven-day multiples more common than multiples of five; or six, or eight, or ten? Is this chance, or does the rule depend upon the natural result of a far-reaching and deeply laid influence inherent in the parent stock, from which a large share of the animal life of the world proceeds, so deeply planted that we cannot shake it off, nor can the remoteness of eons of generations of time? Certainly it is not a matter of mere chance, for it is too universal a proposition to be thus lightly considered.

The proposition is supported by a tenable theory, grounded upon biological fact. We owe it to Darwin that this has been explained, and it is one of the elements of evolution. When any function or process of animal life has become well established, it persists through countless generations. Even though new species arise, and new forms of life, their descendants will be liable to inherit well-established laws of vital processes, and hand them along through an almost endless chain of genealogical links.

We do not know the limits of heredity. The human embryo, during its development from the ovum to the perfectly formed child, shadows forth many different phases of past existence before the final stage is reached. Darwin traces man from a group of animals resembling the tidal ascidians, creatures which are fixed within tidal limits, and which imbibe their nourishment from the water which flows about them

and circulates through them, thus supplying nutriment which their ciliary functions assist in appropriating.

Such creatures must be greatly affected by the tides. Those located about mean high-water mark and low-water mark must experience a complete cycle of tidal changes in a fortnight. Thus week by week the vital functions of such creatures must undergo a pronounced change—an epochal stage—which would naturally become impressed upon their descendants. When nutriment was plentiful, nutrition and reproduction would thrive; and when exposed to the air, a period of starvation and lowering of vitality would attend. The tides are largely controlled by the moon, and its phases would mark these critical periods; and these periods would be approximately seven-day periods. As higher forms arose from this source they might become largely independent of the tides, but they would hardly fail to retain the weekly vital influence with which their ancestry was marked.

To such an influence we may rationally ascribe the seven-day susceptibility with which the constitution of man is marked, as well, also, as many other creatures. The days of reproduction, while not seven, are multiples of seven; and the days of disease when vitality is lowered and life is at the ebb, are also marked by seven or multiples of seven. Darwin remarks, in his "Descent of Man": "Man is subject, like other mammals, birds, and even insects to that mysterious law which causes certain normal processes, such as gestation, as well as the maturation and duration of various diseases, to follow lunar periods."

The strange part of it is, that the seven-day periodicity of gestation should still correspond, through eons of separation from the source of heredity, with lunar changes in coincidence. It seems as though, even though the periodicity had become thoroughly impressed, its coincidence with the moon's phases would have been lost through the vast period of time since it was first established; but it still seems almost as true as the attraction of the magnetic needle to the poles that lunar influence is still at work in its effect on man and the lower animals.

It becomes a question then whether this coincidence is purely an inheritance of periodicity alone, or whether we possess an inherent susceptibility to lunar or tidal influence which renders us amenable to a mysterious force, intangible and inexplicable, akin to magnetism, for instance, directly exerted upon us during the moon's changes.

These are deep problems, and we must leave them for some more competent authority to solve. Lunar influence on parturition, however, is worthy of our attention and investi-

gation from a practical standpoint. If we can establish the fact that this is a practical guide in determining the exact time of parturition, or even approximately so by periods of seven days we may dispense with much uncertainty and allow ourselves more leeway as to time to be devoted to other purposes, which without such a guide would be wasted in watching, or at least in remaining at home when we might secure relaxation and pleasure perhaps, untrammeled, and satisfied that a sudden call from some one who was "expecting" would not come in our absence.

It is well to know that after the full time of gestation has been passed as near as we can calculate, critical days of seven-day intervals follow, coinciding with the changes of the moon, and that at such times, with a leeway of twenty-four hours each way, we may confidently expect the inception of labor.

It is to be expected that accidental causes may upset lunar calculations. A sudden fright, the extraction of a tooth, great mental stress, or other emergency may exert a more powerful influence upon women in the late stages of gestation than lunar periodicity, and must be taken into account in observations of this kind; but when nothing occurs to interfere with ordinary tranquility, we are liable to find the moon's phases important in determining the period when the expulsive efforts of nature set about their work.

THUJA.

W. Leming, M.D., Lexington, Ky.

The action of Thuja Occidentalis as defined by "The Eclectic League for Drug Research" is as follows:

Chronic or sub-acute diseases of the skin and mucous outlets, marked by atonicity, low discharges and perverted tissue growths and changes.

The main action of Thuja appears to be upon the skin, genito-urinary organs and anus. It has frequently been known to remove warty excrescences, polypi and various forms of growths on the skin, and reports have been made of cures by it of some cases of Naevus and Epithelioma. It stimulates urinary activity, causing copious and frequent flow of urine, relieving and curing some cases of prostatic diseases and chronic urethritis, its action here being nicely shown in the relaxed condition where dribbling of urine ensues. Its action is typically stimulant and tonic.

In the treatment of cancer it possibly promises more than any other known drug.

Dr. J. E. G. Waddington, Michigan, reports a case of so-called "Rose" cancer involving the cheek of a lady nearly

eighty years old, in which the effect of the drug was remarkable in checking and limiting the growth. Unfortunately, the case was not followed up. The remedy was given internally, and applied locally undiluted. The doctor uses it locally in all indolent ulcerations and diseases of the surfaces, and considers it far superior to Balsam Peru and similar drugs.

Dr. G. T. Fuller, Kentucky, uses it in all benign fungus growths on mucous membranes, and warty growths on the skin; he claims it will reduce the size of the prostate gland, relieving troubles incident to it.

Dr. Eli D. Jones, New Jersey, lauds Thuja very highly in the treatment of Rectal Cancer, 20 to 60 gtt. being injected into the mass every second day. He also uses it successfully in cancer of the throat, internally and as a spray, and in Cauliflower Cancer of the uterus, keeping constantly applied a cerate in the proportion of one part of the oil to sixteen of cerate base. Very emphatically he says, "It is one of the few remedies we have that **does** have a curative action on cancer."

Its action on syphilis seems worthy of study, and all venereal are touched by it at some time in their course. It seems to have no especially poisonous action.

Report for November 1st, Geranium; December 1st, Rhus tox.; January 1st, Sanguinaria. Reports are solicited.

THE CURE OF HERNIA.

G. G. Gere, M.D., San Francisco, Cal.

Read before the California State Eclectic Medical Society.

The laity and timid surgeons are constantly endeavoring to find a cure for hernia without recourse to the much dreaded knife, and many years ago, when I belonged with the second mentioned class, I participated both by study and practice in such attempts. Having experimented with the common and some of the rarer methods to my own satisfaction I am of the opinion that the only certain, speedy and safe remedy is surgical incision and proper suture.

It is true that cures have resulted and are still being made by injection, mechanical appliances, etc., but the methods are tedious, uncertain and not altogether safe. I have known in the field of personal observation several cases where the intestine, or more frequently the omentum, has been strangulated by the effect of mechanical or electro-mechanical apparatus and required prompt incision for relief, or where injections have caused inflammation of the spermatic cord with permanent neoplasm as a sequel. Surgical incision and suture is applicable to almost all ages, conditions and degrees of hernia, while the cases must be selected in which we may rea-

sonably expect eures by other methods. The application of a truss, either eleetric or plain, if well fitted may eure recent cases, particularly in infants or children, but will seldom do much good in eases of long standing.

Injeetion also may eure reeent eases or those with small openings if the protusion can be actually restrained during the process of treatment. Statistics show that of cases treated by injeetion method applied indiscriminately, about one-third are eured, another third benefitted, while the remainder are unehanged.

In view of these facts is it not your duty as healers of the sick to insist upon the speedy, safe and certain way? It may be urged in oppositon that reeovery from operation is not always rapid, that death has sometimes occurred from surgical incision and that failure sometimes follows, to which I will answer that the fault is not with the operation but with the methods by which it is aecomplished and that if proper eare and technique be observed such objeetions are unwarranted. For instance, preventing of wound infeetion, eough and vomiting; aecurate approximation at the proper point with reliable suture material and avoidance of any inexeusable blundering in performanee of the work will negative these supposed dangers. Probably the chief requisite for successful results is that the surgeon should first have a clear conception of what he wants to do and sufficient skill to carry out his idea. That all surgeons do not know just what to do is indicated by the numerous and varying methods introduced and still practiced by surgeons of extensive reputation, methods eommonly known by the name of their sponsors, as John Doe's method, Richard Roe's operation, etc.

That we sometimes fail to skillfully carry out our ideas is evidenced by aeeidents and failures to which we have all been at one time and another subjeeted. My personal experience in hernial operations has been considerable and for reasons before given I have had two failures, each of them, I am glad to say, having been retrieved at a subsequent sitting; therefore I venture to suggest some points which will, as I believe assist in seeuring successful results.

As inguinal hernia is mueh more eommon than any other we will eonsider it first. You are familiar with the normal and pathologieal anatomy of these eases, so I will not enter into it, merely remarking that the anatomy as shown in text book illustrations and as seen in a more or less bloody ineision into the affeeted region are two very different things. This reminds me of an accident related to me by an eye witness, where two members of a formerly well known family of physicians of considerable reputation in this city attempted to

operate on an inguinal hernia. Gray's Anatomy with its beautiful clear illustrations (and its involved descriptive text), was lying open on a convenient table. From the patient they would turn to the text book and from the text book to the patient making a few tentative strokes with the scalpel meanwhile, until they abandoned the operation in disgust, concluding that their case was one not found in the text books.

The essential anatomical knowledge is to recognize, after the skin, connective, muscular and fibrous tissue, the structure of the spermatic cord, the sac and its contents and above all its point of exit from the inner surface of the abdominal wall. There are no "rings" either internal or external as shown in the anatomical plates except as they are made by dissection. In the normal state they are filled with connective and other tissue but can be recognized by the touch as soft or weak spots in an otherwise resilient wall. Now the main requisite for success in this operation is to reinforce and make strong the internal weak spot which is first overcome by the descending hernia. To do this, after the necessary dissection and return of the contents of the sac, amputate the sac short so there will be no funnel shaped neck to guide a pressing intestine or tag of omentum towards its former place of exit sew the cut surfaces of the peritoneum carefully and bring in the underlying tissues snugly around the spermatic cord—were it not for this cord there would be no trouble at all, hence the ease of operating successfully in the female where the round ligament may be incorporated with your sutures—but the cord will not bear much constriction, so it is a matter of nice judgement to get enough but not too much. For sewing the peritoneum use No. 0 plain catgut for the internal ring and canal, No. 2 chromacized for through and through, reinforcing silk or silkworm gut.

It is needless to dwell upon other features such as strict asepsis and accurate approximation, as these are understood to apply to all operations.

In femoral hernia again, your anatomical plates will not be of much use; you will not see the saphenous opening or crural ring unless you dissect it out. All that is necessary is to find the hernia and follow it up to where it escapes under Poupart's ligament—that and Gimbernat's ligament you can easily feel if not see—return the contents, perhaps the sac also if it is recent and non-adherent, then close the inner division of the femoral canal as far as the femoral vein will permit with stout chromacized catgut stitches running from Poupart's ligament to the fascia and perhaps muscular tissues

forming the floor of the femoral canal. The remainder of the wound to be closed as usual.

In umbilical hernia the peritoneum is usually so adhered to the neck and interior of the sac that it may be ignored; sometimes, however, it may be separately united. The main feature to be observed here is to excise the umbilicus and secure a surface of good width for approximation. Your sutures here will need to be extra strong. I generally use them mattress fashion; you do not need to overlap the edges but I think it a good plan to sew up the umbilical space transversely, then draw the muscles well together over it longitudinally as an additional reinforcement.

In ventral hernias of traumatic origin and varying location no set rule will apply but this principle must be kept in view, the incision and dissection must be extensive (Trendelenberg's position will help to restrain the bowels), the sutures strong and numerous. You may or may not need to incise and stitch the peritoneum, most frequently not. In a very extensive ventral hernia where the recti muscles were separated into the flanks and the entire contents of the abdomen protuded upon arising I operated by graduated steps to avoid the great protrusion, securing and uniting the borders of the recti for a few inches, then closing the external wound before making a further incision, dissection and suture as before until the entire wall was restored with eminently satisfactory results.

COLLEGE BOTANICAL GARDEN.

G. W. Finch, M. D., Los Angeles, Cal.

Not long since I paid a visit to the College Botanical Garden, where I found everything growing as everything does grow in California. Several species of trees from Arizona are making a most wonderful growth, while the Maples and Elms from Ohio are stretching upward at such a rate as to be out done by none of the others.

While the garden was started primarily as a garden of medicinal plants for plant study in connection with the college, its uses have naturally widened in various directions so that at present it contains not only the many plants that are native to the Pacific Coast but many that have been collected from various Eastern states having therapeutic value. But in a sense it is becoming an experimental station where the useful and ornamental in fruits and flowers and even forest trees are being developed and tested as to their adaptability to the Pacific slope.

Among the timber trees sent here from the Eastern states that may be mentioned and that are making very rapid

growth and showing that they are readily acclimated are the elm, ash, basswood, poplar, maple and others. While it is designed in the near future to publish a complete catalogue giving the botanical as well as the common names of all plants and trees growing in the college gardens, for the present the following may be mentioned as making a fine growth.

Order, Compositae: Achillea Millipolium, (Yarrow); Aster.
Order, Ranunculaceae: Aquilegia Canadensis (Columbine); Hepatica triloba.
Order, Anacardiaceae: Rhus glabra (Smooth Sumac).
Order, Lythraceae (Loosestripe Family).
Order, Sapindaceae: Acre saechrinum (Sugar Maple).
Order, Menisperniaceae: Menispernum Canadense.
Order, Labiatae:Mentha Virdis (Spearmint); Mentha Piperita (Peppermint); Nepeta cataria; Marrubium vulgare (Hoarhound).
Order, Oleaciae: Fraixnus Americana and a number of other trees belonging to this genus (ash).
Order, Capropoliaceae; Sambucus Canadensis (Elder); Viburnum, Lentago (Sweet Viburnum), (Sheep Berry).
Order, Hamamelaceae: Hamameles Virginica (Witch Hazel).
Order, Lauraceae: Lindera Benozin (Spice Bush, Wild Allspice); Sassafras officinate (Sassafras).
Order, Rubiaceae: Cephalonthus occidentalis (Button Bush).
Order, Rutaceae: Xanthoxzlum Americanum (Prickly Ash).
Order, Geraniaceae: Geranium (Wild Crane's Bill); Oxalis (Wood Sorrel).
Order, Poligonaceae: Rumex crespis and others of the dock.
Order, Berberidaceae: Podophyllum paltatum (May Apple, Mandrake).
Order, Phytolaccaceae: Phytolacca decandra (Poke Weed).

One knoll in particular which overlooks the brook that passes through the park is a tangled mass of trees and shrubs and plants and vines, making it like one of those old-time Eastern thickets that we knew as boys, and if there were snow on the ground we would look for rabbit tracks. Notwithstanding the lack of snow, with a sharp lookout you will see the rabbit, for he is there, a little fellow, not so large as his eastern cousin, but a cotton nevertheless.

The park and garden has been planted and cared for almost entirely by the Doctor's own hand, no one else ever having anything to do with the cultivation and, while we find here many trees and plants which have been sent by Eastern friends, there are also many that have been collected by Doctor Munk himself from the mountains and deserts of Arizona and elsewhere.

This garden is situated on the ranch of Dr. J. A. Munk in a portion set aside as a park, which is under the immediate care and cultivation of the Doctor. Notwithstanding that every moment is a busy one with him, divided as it is between his extensive practice and the cares relating to the college, once a week at least he lays aside all else and retires to this rural spot, there to re-enact the role of "Cincinnatus returning to the plow."

SOME ECLECTIC HISTORY.

Ovid S. Laws, M. D., Los Angeles.

As the pioneers of Eclectic medicine have mostly gone from us into some other state of being, it may be of interest to some to get occasionally a few words from one who lived among the pioneers and really was a pioneer for several months in Kentucky.

In January or February, 1854, Dr. A. Page of Boston, Mass., came to Cincinnati as a teacher of what he called Electropathy. He was a large man, full of vim and enthusiasm, and soon got a large class, eighty or more, to take a course of ten night lectures for ten dollars from each member of the class. Seventy of this class were students in the Eclectic school, including the writer of this history. Doctor Page gave us an interesting course of lectures, and aroused no little enthusiasm, and at the close of the lectures gave us each a diploma. He also gave us each a book called the "Electropathic Guide," containing the chief points in his lectures. As money was scarce with me, this seemed a rather expensive venture, especially when we learned our batteries would cost sixteen dollars if made after Doctor Page's pattern, but it proved to be the best investment I ever made. It was the means of opening the way to a paying practice in a few weeks where it would have taken many months to get a start in the usual way.

Our batteries were made after Doctor Page's pattern by Max Woeher and Son, of Cincinnati, and were much the best Faradic batteries I have ever seen. I was one of the graduates at the close of the winter term in 1854 and soon went down into Southern Kentucky to look for a location for practice. However, as a precautionary measure I thought it would be prudent to go among my old friends and teach school for a few months for a financial start and to give me time to select a good location for the practice of medicine. But my friends instead of wanting me to teach insisted on my working at my profession. It was apparently a very unpromising field, a hotel and stage stand on the pike going south towards Nashville, Tennessee.

The location was called "The Bear Wallow" and there were no less than half a dozen doctors scattered around not many miles away occupying the most favorable locations. It is a cavernous region of country, the famous Mammoth Cave being about twelve miles southwest from "The Bear Wallow." As a sort of advertisement and feeler of the public pulse I offered to give a public lecture on electricity on the next Saturday night at the school house. At the appointed time I met a pretty good crowd, but not a woman in it. Being something new under the sun in that part of the country, I suppose the women were afraid.

After the speaker had told all he knew about electricity, and more too, and how it could almost raise the dead and often cured old cases that in those days were considered incurable the little battery was opened up for experiments. The usual run of shocks and surprises were carried on until all seemed satisfied and well pleased with the lesson. I did not take the extreme ground of Doctor Page, that electricity was to do away entirely with drug medication, but that it would in some cases, and would be a great help in many cases in connection with medicine.

The electric sparks of that night pervaded the entire community, although there was not a woman in it (I mean in the lecture room).

Not many days later I was confronted with two formidable and highly interesting cases who were classed as incurables, and a third soon thereafter. I will write an article on my first three patients and give a full statement of their condition and treatment and final results in another paper. Still later I would like to give you some of my experiences with Veratrum Viride that season. And doubtless Doctor Munk and some others would like to see a sketch of my visit to and my experiences in the famous old Mammoth Cave in a still later paper.

DIETETICS.

Q. A. R. Holton, M. D., Whittier, Cal.

What shall we eat? This question is asked perhaps many times daily of the busy doctor and more and more importance is being attached to it as the people hear of the surprising results of investigations and tests that are so common now. Not only what we eat, but how we eat and how much we eat, and when, are all included in the inquiry. And the average doctor, who never had any instruction while in medical college and who never made any systematic and diligent study of the subject in his life, is all at sea in answering the questions. He knows in a case of acute gastritis, when the patient is heaving

up every drop of everything taken into the stomach, that food had better be withheld until the stomach can retain it, and will so instruct the nurse, which is certainly "sane and safe." But he will have a list of foods ready to be tried as soon as the exhausted and harassed stomach is disposed to take a little rest. No matter if the patient is plump, well nourished if no food has been taken for two or three days, the friends will begin to get panicky and suggest all kinds of concoctions, and too often the doctor will join in the search for something the stomach will tolerate.

Why not remember that people fast thirty or forty days and do not die nor suffer much inconvenience, and just wait until the patient gets hungry and he will tell what he wants and it will be the right thing.

When the digestive organs cease to be able to properly digest food they usually give notice to that effect by taking down the sign, "Food wanted," and if the supply still continues after the appetite is removed it is either pitched back the way it came or passed on down to torment the trespasser with griping pains and diarrhea and, worse still, constipation, headache, neuralgia, catarrh, rheumatism etc.

But appetite is not synonymous with hunger and here is where so many err to their sorrow. Our appetite often continues after we have eaten all the system requires. It remained for a layman, as has often occurred in other lines, to teach the profession valuable lessons in the matter of dietetics. I refer to Horace Fletcher and hope to review some of the tests and results he and others have made in this field. Dietetics is coming to the front. Let us no longer assign it to a back seat and only a few hours time in the entire medical curriculum. The people are asking questions of us; let us be able to give scientific answers.

RADIUM A THERAPEUTIC AGENT.

C. E. Johnston, M. D. Los Angeles.

Read before Los Angeles County Eclectic Medical Society.

Gentlemen:—

In presenting this paper for your consideration and criticism, I wish to state in the commencement that I have nothing to sell you, neither am I advertising for those who have, on the contrary I am here simply in fulfillment of a promise made by me to your worthy secretary some time ago, to contribute a short paper on the subject of "Radium" as a Therapeutic Agent, on this occasion. And my chief aim in the matter, and the one that has dominated my efforts in the pre-

paration of this paper, is to suggest to the members of this Association what is, to my mind, a better and more certain method of battling with some of the ills of humanity than that which has been practiced by our profession in time past and which is still so tenaciously adhered to by the majority of the medical fraternity.

It is quite unnecessary, and indeed would be foreign to the objects of this paper, to enter into a historical discussion of that rare mineral, Radium, but that it has an important place in our medical armamentarium is a demonstrated fact, and it is from this standpoint only that I shall discuss it.

I desire first, to give you such facts as I have been able to gather from experiments of high standing, reserving my own experience with radium until later, since it is merely corroborative of what these experimenters have to say.

Chief among the collection I have made is an article written by Wm. H. Diffenbach, in 1906, and read before the International Society of Physical Therapeutics, entitled:

Radium Therapy.

Sufficient time has elapsed since the discovery of radium and its utilization by the medical profession to permit of a review as to what has been accomplished in this field. Much has been written on the subject of radium by physicians, and in France a journal ("Le Radium") devotes its columns to this interesting element and its compounds. In Germany a periodical, "Jahrbuch der Radioaktivitat," is looked upon as the standard publication. American medical literature contains but slight reference to the agent. Occasionally some investigator will attempt to enlighten the rest of the profession on the discoveries of the physical and therapeutic properties of radium, but as a whole, physicians have remained aloft from employing this adjuvant in disease. This can be readily explained by the somewhat prohibitive cost of radium; also by the well known fact that medical men, as a class, have no excess of this world's goods, so that, even if interested, the physician is not apt to invest in radium and give it an exhaustive trial. The position of some medical editors on this subject is distinctly ludicrous; criticisms of radium as a therapeutic agent have appeared from time to time, the criticism showing that the writer is innocent of practical knowledge on the subject. In other cases, a cloak of tolerance and reserve clothes the lack of editorial knowledge on this theme.

It is to hoped that the discovery of pitch-blende and carotite deposits in Colorado and Arizona may tend to materially lower the expense of radium, so that more extended

use can be made of its properties in therapeuties, and larger quantities be applied than heretofore.

Aside from a period of two years when weak activity of radium was employed, followed by one year of the one millionth, the writer has confined his experiments to the 25,000 activities of Lieber coatings and solutions, and results secured are chiefly to be credited to the activity applied in the manner to be outlined later. It is claimed for the American radium that the radium sulphate obtained from carnotite shows up remarkably strong in gamma emanations, and as moderately large quantities can be secured from this new source, although of low activity, it is possible that the total output of emanations may be effective in therapeutics. This is for the future to decide.

The action of 25,000 activity coatings when applied to the skin and mucous membranes is as follows:

If applied for twenty-four hours, slight erythema results; when the time is increased to forty-eight hours dermatitis, equivalent to that of the first degree produced by Roentgen rays, is secured. This dermatitis takes from four to six days to subside, and is followed by a distinct tanning which disappears in from ten to fourteen days, leaving behind, however, slight pigmentation of the parts treated. On mucous membranes, the same degree of irritation and hyperemia is secured in one-half the time required for skin reaction; the more moist the mucous membrane, the quicker the reaction. In applying radium of 25,000 activity, while we do not hesitate to use the maximum of forty-eight hours and in some cases seventy-two hours of exposure to the skin and its lesions, we have made it the practice never to give over twelve hours' treatment for mucous membranes, in order to obviate severe irritation and possible ulceration. It is also imperative where maximum doses have been given, to wait at least ten days, sometimes fourteen days, before repeating the application, unless necrosis is striven for, in which case, a hundred and forty-four hours exposure may be given to secure results. When divided doses are given and the totality of hours of radium has been secured, it is necessary to interrupt treatment for ten days in order to secure reaction to the rays and subsequent sear tissue formation.

Of the few surgeons who have added radium to their armamentarium, Dr. Robert Abbe of New York has done most to study its effects. He is the fortunate possessor of several tubes of the highest activities of radium obtainable and his results justify the persistency with which he insists on the value of this great agent in certain conditions. Criticism leveled at Abbe and others for their enthusiasm for radium, is

based on ignorance and the acceptance of misleading and immature statements by hasty and incompetent investigators. A practical test of the action of radium on cancer was made by Dr. Robert Abbe in the case of a patient suffering from scirrhus mammae. The tube containing the radium was introduced through an incision into the diseased tissues, and left in situ for two days. The same tube was then introduced into two other sections of the affected breast and kept in place for the same period. Amputation of the breast was then resorted to, and the removed tissues sent to the pathologist for his report on the character of the cells found in and about the area treated with radium. It was shown that the squamous cancer cells had in many instances lost their nuclei, nothing but vacuoles being left; in others. evidence of the formation of scar tissues was noted. Normal cells appeared to be but slightly affected by the rays. This seems to corroborate the fact that cancer cells have less resistance to exterior influences than normal cells, which in the case of radium, might almost be called a "selective action."

Abbe (Medical Record, Jan. 6, 1906) gives his experiences and results with radium, citing a number of cases of inoperable sarcoma where apparent cures were obtainable. He considers radium almost a specific in superficial epitheliomata.

In a case of adeno-carcinoma of the uterus (reported by Dr. G. W. Roberts at this meeting of the Surgical and Gynecological Section), after six months no symptom of disease is perceptible. The patient had been previously curetted, and a positive diagnosis of adeno-carcinoma made by a competent pathologist. The result has been so surprising that both Dr. Roberts and the writer feel somewhat doubtful regarding the diagnosis. The fact remains, however, that, clinically, symptoms of carcinoma were present, and the pathologist's report, as well as the surgeon first consulted, gave an unequivocal diagnosis of cancer in the case.

The lesions in which radium has been found useful are as follows:

1. Warts and moles.
2. Urethral Caruncle.
3. Lupus Vulgaris.
4. Epithelioma.
5. Psoriasis.
6. Chronic Eczema.
7. Selected cases of Sarcoma and Carcinoma.
8. Trachoma.

Radium may be useful in other lesions, but the above comprise the diseases in which we have employed it and found it efficacious.

1. Warts and moles. Radium gelatine painted over warts and moles has caused them to shrink and after repeated applications, to disappear entirely, leaving an absolutely smooth skin.

2. Urethral Caruncle. In two cases treated, an absolute disappearance of the growth was obtained by inserting the tube into the urethra for an exposure of eighteen hours in divided doses. There has been no recurrence, although two years have elapsed in one case and eighteen months in the other.

3. Lupus Vulgaris. In small lesions radium has never failed me. In the larger lesions, especially when marked hypertrophy was present results were negative. The use of radium gelatine solution on large patches opens up a new technic which may prove more successful.

4. Epithelioma. The Roentgen ray is so successful in this lesion, especially when given through filters, that radium has been rarely employed excepting in small lesions. In lesions about the mucous membrane, however, where the Roetgen rays seems to be unsuccesful in many instances, radium has been found efficacious. We have secured apparent cures in six cases of epithelioma of the lip and tongue after persistent treatment. Several other cases were far advanced and died of glandular metastasis before radium could do its work. The technic consists in applying rods or plaques for forty-eight hours, in divided doses and then awaiting reaction. Necrosed parts are frozen with ethyl chloride spray and readily detached previous to each application.

5. Psoriasis. Small psoriatic patches have yielded to radium plaques, and our next case of general psoriasis will be treated with radium gelatine solution with expectations of success.

6. Chronic Eczema. Radium relieved the itching and cured several lesions of many years' standing.

7. Sarcoma and Carcinoma. Of the cases of carcinoma treated results must still be reported with reserve until two years more have elapsed. Two cases of primary scirrhus of the breast remain symptomatically cured. Two cases of inoperable recurrent carcinoma of the uterus are in good health after twelve and eighteen months supervision. One case in which apparent quiescence was secured has disappeared from view, and another of the same kind took on a fresh turn and developed metastasis of the rectum and died. One case of inoperable cancer of the rectum (diagnosed by surgeons of the Massachusetts General Hospital and corroborated by Newark physicians) has been treated for nine months, and quies-

cence has been secured. The patient is in better health, has increased in weight and the hemorrhages have ceased. The mass in the rectum can be palpated as a hard gritty tissue, and has contracted to one half the size at the original examination. Two cases of recurrent carcinoma of the rectum were kept comfortable for a short while, but eventually died of metastasis to the liver.

In an inoperable round cell sarcoma of the cheek and orbit, quiescence was secured with contraction and breaking down of the tumor, the patient living eight months longer than the surgeons predicted. Death was caused by an attack of hematemesis, possibly caused by gastric ulcer.

8. Trachoma. At the suggestion of the writer, radium rods were given a trial by Dr. McCleary at Professor Norton's clinic at the New York Ophthalmic Hospital in several cases of intractable trachoma. Dr. Norton's paper presented at this meeting of the O. O. and L. Society, reports success in the treatment with radium, thus corroborating the work of European ophthalmologists.

In conclusion, we desire to emphasize that no false, mysterious or impossible action or results should be attributed to or expected of radium. The rays and emanations given off by the element undoubtedly affect pathological as well as healthy tissue. When repeated dermatitis is produced, scar tissue forms, the latter replacing morbid cells. The problem confronting the therapeutist, therefore, resolves itself into his ability to place radium and its emanations where the above action can be secured—if the rays do not reach the locus morbi, radium must not be charged with failure, but improvement in technic should be attempted. As proper technic distinguishes the successful from the unsuccessful Roentgenologist, with equal force must the improper use of radium be followed by failure. In order to secure desirable results, careful attention to technic and detail must be given.

The medical profession is earnestly invited to investigate the merits of this agent in therapeutics, and by further tests determine its limits and scopes.

Before leaving this chapter, we desire to interpolate that, when treating lesions with radium coatings or solutions, electroscopic tests as to relative activity must be made from time to time in order to know what strength of radium is employed in the case. The coated rods, while permanent to a degree, are apt to become less active through absorption of radium into the tissues, especially when in contact with mucous membranes.

In conversation with Dr. Piffard, the writer suggested the experimental use of these new radium coatings in an inoperable case of epithelioma of the foot under his care in Pro-

fessor King's electrotherapeutic clinic at Flower Hospital, New York. Operation had been refused in the case owing to the advanced age of the patient (84) and a cardiac lesion. The tumor covered the interior surface of the left foot between the malleoli, being five centimeters in diameter, practically round, and four centimeters high. Its growth was rapid at the time the Roentgen rays were being employed, but had not apparently produced retrogression. Two pointed rods in possession of Dr. Piffard were empoyed in the ease and introduced into the mass of the tumor at about its center, one centimeter apart and the parts firmly bandaged, so as to keep the rods in situ and check hemorrhage.

The patient was kept quietly in bed for two days and the rods were extracted from the tumor, it was then noticed that the tumor was somewhat umbilicated and that the color of the tissue had turned much darker. After an intermission of two days new rods were again thrust through the tumor in a different location and left in situ for two days more. After the expiration of this time the tumor was very dark in color and very friable and the whole mass was readily detached from the underlying tissue, leaving a clean, apparently healthy substratum. The removed tissue was absolutely necrosed and as friable as a rotten apple.

The ease went on to apparent resolution and at the time created much discussion. From reports received from my colleague, Dr. Kaufman, there are signs at present of a recurrence of the epitheliomatous growth near the same situation, but this ought to be amenable to the same agencies as before unless the result was due to accident and not to radium necrosis.

At all events, the marvelous results in the above hopeless case led us to apply the radium rods in a large number of other cases of epithelioma, carcinoma and lupus vulgaris with results which certainly warrant a continuance of our efforts in this direction.

We have had vaginal and rectum bougies coated with radium for use in primary and recurrent carcinoma of these parts and can report that in four cases of inoperable recurrent carcinoma of the cervix uteri, we have apparently secured quiescence in three cases, the nodules being much diminished in size and hard to the touch as though converted into scar tissue, with no subjective symptoms of the patient. The fourth case was very far advanced, the tumor having already invaded the rectal tissues; in this case we must report failure as the tumor is undoubtedly spreading. In these cases the difficulty of keeping the bougies in contact with the affected tissues is obvious and we usually exposed these patients for

but three hours weekly during a period of three months. Possibly one long exposure at one sitting would have proven more curative in the unsuccessful case.

There is as yet no reliable data to refer to in the treatment of cancer with this agent, and it was incumbent upon us to act conservatively, noting the action of the radium on the tissues from time to time and ceasing its application when dermatitis was produced.

In cases of lupus vulgaris, the radium coatings were usually placed upon plaques of celluloid and these cut to suit the part to be treated. The same method was employed in discoid epithelioma, naevi, verruca and in psoriasis. The radium plaques were firmly strapped to the lesion and held in place by means of adhesive plaster and usually kept in situ for two days. The parts were then examined, and if, after four days, radio-erythema was marked, treatment was suspended to await results of the reaction.

We can report absolute present success in cases of flat epithelioma, of small lupus vulgaris, epithelioma of the lip and tongue, all of which must await the usual term of years before danger of recurrence is passed.

In several hopeless cases of epithelioma involving large surfaces our results are still sub judice, in others failure resulted. Here are twelve cases reported directly to me by Dr. J. B. Waynick, of New Carlisle, Indiana, which bespeak great virtue in radium.

"New Castle, Ind., Aug. '07.

Dr. C. E. Johnston,
Visalia, Cal.

Dear Doctor:—Your letter requesting a report of my experience with radium as a "Therapeutic Agent" has been received. I can only briefly sum up my cases to you now with the view of doing more in detail when I have more time and more experience.

The first use of radium made by me was in January, 1906; at this time I provided myself with naked radium, using the preparations graded by Dr. Heber Robarts, of St. Louis, Mo. My success with the first case of cancer was so pronounced I determined to widen the field of operation and availed myself with all the radium instruments and graded activities of radium which had at that time been devised by Dr. Robarts. In all cases a standard solution fluorescence, H. Leber, has been used.

(1). My first case was Mr. J. K., age 70, Epithelial ulcer under the left eye. The sore was four years old, and when I saw it had been under constant treatment two years. It was

spreading rapidly; every effort to check its growth had utterly failed. Naked radium was applied and caused to remain 48 hours. The sore was then dressed as an ordinary one, the patient was given emanations of radium and fluorescence internally. Ten days following the first application of naked radium a second was made. Within five weeks the sore was healed and without scar. There was no pain caused by the treatment. Dressing was held in place with zinc ointment plaster. The irregular shaped sore covered an area of a silver dollar. The emanation of radium I prepared in my office from radium bromide. It is a very simple, suitable process.

(2). Second case, D. J., age 55, epithelioma of lower lip, three-quarter inch across widest portion; two years' duration. Naked radium applied three times, with one week intervening between each treatment, and 24 hours' retention; emanations, four teaspoonsful daily. Fluorescence in this case as with all cases in conjunction with emanations. The sore healed completely in ten weeks. It is sixteen months now, Aug. 26 since the radium treatment and there is no evidence of a return of the sore.

(3). Mrs. M., age 72, surface cancer in face half inch below left eye, duration three years, spreading rapidly. Treatment, naked radium 48 hours, emanations and fluorescence four times daily. Naked radium applied on the fifth day, and on the twelfth a third application. Granulations noticeable after the first application of radium. The sore had healed in five weeks, leaving no scar.

(4). Mr. D. H., age 33, internal piles and rectal fissure. This was an extremely distressing case, every movement of the bowels caused pain, often lasting for hours and frequently the movement was accompanied with a gush of blood. Radio-rectal dilator was used on alternating days for two weeks, then once weekly for four weeks; emanations and fluorescence internally as in cancer cases for the purpose of improving the general health. A complete cure was effected in four months.

(5). Mrs. D., age 55, lupus on nose, seven years. All kinds of treatment had been used without relief; naked radium was applied and retained 48 hours. Within three weeks two more applications were made: emanations and fluorescence as in other cases. Complete return to healthy skin was effected in seven weeks. It has been a year since this case was treated and there is no indication of disease. There was not the slightest pain nor discomfort attending the treatment, this is singularly true in all cases when radium is used.

(6). Mr. N. S., age 60, Lupus on nose, six years, patient

treated like case number five, complete cure in six weeks and without scar.

(7). Mrs. G. H., age 83, surface cancer on back of hand one inch in diameter, cured in seven weeks; treatment similar to numbers Five and Six.

(8). Mr. P. C., age 32, cancer half the size of hen's egg on right cheek; it was indurated, painful and ulcerating. It had been treated five years. I began the use of naked radium as in other cases, except that I used with the naked radium chlorine and gold to hasten destructive action of the mass. The wound was completely cured in eight weeks.

(9). Mr. J. C., age 40, gleet, ten years, prostatic tenderness. Radio-urethral sound was used every second day for four weeks. Restoration to health. No return of trouble after six months. These instruments are made with very thin aluminum walls lined with radium. Radium penetrates aluminum as it does no other metal.

(10). G. S., age 36, gleet, three years. Radio-urethal sound half hour on alternating days. No symptom of disease remaining after second week.

(11). Mr. G. T., age 52, internal piles and rectal ulcer, two of the tumors were size of thumb, bleeding was a common occurrence, duration of disease 15 years. At the end of three months the disease had disappeared. After three months more there is no return. This case was treated with Radio-rectal dilator as in case No. 4.

(12). J. H., age 48, protruding piles, bleeding and much distress. Radio-rectal dilator used one hour every second day for two weeks, and then twice a week for two weeks, and then once a week for four weeks. At the end of four months no evidence of disease of the rectum remained. In all the painful conditions of the rectum I have met with the distress is relieved after the first use of the radium instrument. In all cases I use internally fluorescence with the emanations of radium.

Yours fraternally.
J. B. WAYNICK."

Here is a communication from Drs. Evans and Williams of New Castle, Pa., who seem not to have unbounded faith in radium, yet have used it sufficiently to have some reliance in it.

"New Castle, Pa., Aug. 28, '07.

C. E. Johnston, M. D.

Dear Doctor:—Our experience with radium has been mostly with Radio-activo instruments, radio-rectal dilator and radio-urethral sound. The former we have used with satis-

faction in cases of rectal irritation, mostly from hemorrhoidal causes, but they were not depended upon altogether in any case, as electricity, galv. and H. F. current were used in conjunction with them. However, in the case of the urethral sounds it was different, we have treated cases of old standing ureteritis and strictures with these alone. One case in particular deserves mention; male, age 38, had gonorrhoea when about 18 years old, then followed a stricture of very small calibre near the neck of the bladder. Difficulty in urinating was present for all this time during which many doctors were consulted. About four years ago we worked on him and succeeded in passing into the bladder a small sound, made to order, finer than No. 10. Bleeding would be profuse, but the urine could afterwards be passed in a fine stream, which before was passed drop by drop.

After a lapse of about two years with the occasional passing of a small sound and the taking of cystogen tabs, we procured the radio-urethral sounds for him and had especially made a No. 15. This was introduced to remain for about one hour and this has been about the average length of these treatments. We are now occasionally passing a radio sound of No. 26 in him with ease. His stream is large, no difficulty whatever being experienced, and he has remained so for about a year. We know that the instruments are loaded with radium bromide of low activity, as we can readily make good negatives of small objects like keys with these in a few hours. Of course we always use the radium water for internal fluorescence when treating with the radium after the manner of Dr. Heber Robarts, of St. Louis.

Respectfully yours,

Drs. Evans and Williams."

Dr. J. A. Hirsch, of Edwardsville, Ill., reports a case of interest in which he used radium.

"Edwardsville, Ill., Sept, 4, '07.

Dr. C. E. Johnston,
Visalia, Cal.

Dear Doctor:—Yours of the 21 ult. came to hand. In reply would state that I treated one case with radium. A woman, aged thirty-two, had a malignant ulcer, a little larger than a silver dollar, and about one-third inch in depth in popliteal space of left leg. Ulcer very painful. General health of patient poor and losing weight.

Before coming under my observation patient was treated for fourteen months by two physicians of this place, one of

them using X-ray and high frequency current for about four months, with results practically none.

On October 1st, 1906, applied naked radium to ulcer under direction of Dr. Heber Robarts, of St. Louis, made four applications of radium at intervals of about a week. Radium was left in situ from forty-eight to seventy-two hours; in the intervals and subsequently to last application of radium ulcer was dressed as a simple sore. Ulcer began to heal from the first application of radium, gradually filling in with healthy granulations and by December 5th, it was entirely healed, leaving an elastic sear. The sear is not thick and unyielding, but is somewhat elastic like healthy skin.

There has been no return of the trouble to date. Patient gradually increased in health and strength and about a month ago gave birth to a healthy child.

Yours fraternally,

J. A. HIRSCH,
Edwardsville, Ill."

I am confident that the great medical majority of today will in the near future begin an earnest investigation of this new therapeutic agent, and I believe it merits a very careful investigation.

Personally I have treated only one case of epithelioma with radium but with the same result secured by Dr. Wayniek and others who have contributed their experiences; but I have treated more gleet than all of them together have reported.

To date I have treated fourteen cases of gleet with radium and with the same result, viz: A subsidence of all symptoms of the trouble, notwithstanding the fact that two of my clients have given the result a severe test by indulging in sprees of drunkenness and sexual excesses.

That test I claim to be the test of all tests in gleet, for every one knows who has handled gleet that alcohol and women are his arch enemies.

Something that you can look for in treating gleet with the radio urethral sound is that within twenty-four hours after the first treatment there will be a discharge of muco-pus almost equal to that in a fresh attack of gonorrheoa. This, however, will subside within three days, as a rule, at which time a second treatment can be made.

I treat my patients for a period of one hour the first time, and one-half hour the second time. If any further treatments are required I leave the sound in situ for a period of two hours. In some cases you will have an orchitis arise, but not more frequently than from passing other sounds and bougies.

I have treated a few cases only of piles and rectal ulceration. One case I wish to describe in passing, Mr. J. L. J., age 58 years, had hemorrhoids for five years, worse at times than others; the last two years patient would have bleeding after each evacuation of the bowels; this greatly weakened him and made life unpleasant, to say the least. In the beginning I gave two treatments each week for the first three weeks with the small radio-rectal dilator, then one treatment each week for three weeks with the large-sized radio-rectal dilator, and one treatment each alternate week for two more treatments. This patient had a slight amount of blood after the first evacuation following the first radium treatment, since which time there has been no return of blood, nor has there been any of the unpleasant symptoms such as aching in the rectum and protruding of the hemorrhoids since the third treatment.

These treatments require from one to three hours at each installment. Two cases of ulceration of rectum healed with seven and nine treatments. Treatments were given the same as in the case of hemorrhoids.

In summing up the facts about radium as a therapeutic agent I wish to call your attention first to the results obtained in skin diseases, viz: The lesion invariably heals without leaving a keloid which alone ought to recommend it to the profession.

Second. The uniformness of results where the cases are suited to radium therapy.

Third. As a rule there is no discomfort attending its use and application and last, but not least, the safety with which it an be administered.

This being my first offense, as well as a first infliction upon your time and patience, I trust that you will be charitably inclined.

WHAT IS "SUCCESS"?

Not long ago a firm of Boston publishers offered a substantial prize for the best definition of the word "success." Many attempts were made to win the prize, but it was more difficult than, at first thought, supposed. Almost every contributor wrote from his or her own point of view, and of course the treatment was as varied as the individual was narrow. The prize was finally awarded to a lady, a resident of Lincoln, Nebraska, who wrote the following classic definition:

"He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task: who has left the world better than he found it, whether by an improved poppy, a perfect poem, or a rescued soul; who has never lacked appreciation of earth's beauty or

failed to express it; who has always looked for the best in others, and given the best he had; whose life is an inspiration, whose memory a benediction.''—Jour. Ther. and Dietetics.

THE USE OF DRUGS.

To quote from Dr. William R. Gowers, who made an address on the use of drugs before a London medical society:

"We smile at the popular herbal remedies. But it is to these that we owe the majority of our most useful drugs. I cannot conceive a therapeutist surveying a list of the chief drugs on which we depend in our daily work—and do not depend in vain—without a sense of wonder and, perhaps, of humiliation. We disinfect our rooms with burning sulphur; and so men did before the time of Homer. We purge sometimes with rhubarb, especially when some subsequent astringent influence is desirable, and so did the old Arabians for the same special reason. The value of castor oil in its chief use was familiar, probably for ages, to the natives of the East and of the West Indies before it was made known in Europe by a physician one hundred and fifty years ago. Aloes was employed in the same way long before the time of Dioscorides and Pliny. The knowledge of the influence of ergot in parturition we owe to the peasants of Germany, and the use of male fern for the tapeworm goes back to the old Greeks and Romans. The employment of mercury in syphilis by inunction and fumigation, drugs on which we most rely, we find a similar story. Even in the case of those which are the latest additions to our resources, we find that, with very few exceptions, their use arose from what we must regard as pure empiricism. It was by accident that the local anesthetic influence of cocaine was discovered.

Quinine, was also discovered by accident, and the use of the sulphate of copper in the treatment of granulated eyelids, was known to the Egyptians 1,500 years before Christ.''

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

MEAT DIET.

The amount of matter that is printed on the subject of diet during a year is simply enormous. We try to devote a reasonable amount of our time to the inspection of current medical literature, but if we should read all that appears on this subject we should be forced to exclude everything else. Therefore, we do not profess to be entirely familiar with all of the claims made. However, we do read an article occasionally with the result that our previous opinion becomes fixed even more firmly. And this opinion is that there is more nonsense written on the subject of "Diet" than there is on all other medical subjects combined. One author advocates sour milk, another raw vegetables, and a third fruit, each firmly believing that his method is the only thing that can prevent the extermination of the human animal—all of which is ridiculous, and it also would be ludicrous, were it not pathetic.

In considering this subject we should constantly bear in mind this one idea, that "What a great many people have been doing for a great many years is good for them," a sentence that is almost axiomatic. For we find it just as true when we study their religion, their laws or their social customs as we do when we study their clothes, their language or their food. We may believe that man was created master with all

things else for his use and pleasure, or we may believe that he has developed through the ages—a survival of the fittest. The fact still remains that what was good for his forbears is good for him. By the operation of a fad he may depart therefrom for a time, but he must return. Some may argue that the habits of our ancestors changed as did their environments, and this is doubtless true in a slight degree; but we must not forget that any material change was spread over a considerable period of time, and that we are now considering customs—a word which in itself conveys the idea of something having been tried and found to be good. We have had the good fortune to study the habits of various peoples and we invariably found that if a custom were investigated far enough, its apparently nonsensical and ridiculous features were founded upon the soundest economic principles; and this statement is true of the usages of our own people also. Seldom indeed will it be found that one of our inherited customs is wrong either in principle or in operation.

Now, let us consider briefly our customs as to meat diet. As a people, we eat meat abundantly, and of many kinds. Our forefathers did the same thing, but with this difference; They ate cured meat or fresh meat; never cold storage meat. During the last score of years we have developed a fad for fresh meat so-called, but which is not fresh meat at all. It is meat which has reached a certain stage of rottenness designated as "ripe," a condition acquired in two or three weeks after the killing of the animal. May not the many ills ascribed to the eating of meat be due entirely to the condition of the meat? Does it necessarily follow that because home-cured ham and bacon have been accepted articles of diet for centuries, cold storage pork also is good? May we not even suspect that factory-cured ham which is not smoked at all, is not the same thing that our grandfathers used? Again, the similarity between a fresh chicken and one out of cold storage consists only in the shape of the bird. Did any of our readers ever hear of a case of ptomain poisoning during all those centuries when meat was carefully cured or eaten absolutely fresh, before the time of this fad for meat ripened in cold storage? Acute ptomain, like other deadly poisons, is so violent in its action that it forces the attention of everybody; but there is a chronic ptomain poisoning also. To it may be ascribed many forms of gastro-intestinal indigestion, and it is a possible cause of appendicitis. It is our belief that cold storage meat frequently is injurious and sometimes poisonous without being odorous. We recommend this phase of the subject as worthy of close professional study and observation. In the meantime, it is safer to return to the meat of our fathers.

MEDICAL JOURNALISM BY AUTHORITY.

In our last issue we gave an editorial word and some extracts from contemporary medical literature concerning the attempt being made to establish "Medication by Authority," a step taken under the auspices of a clique in the dominant school and which was meeting with strong resentment from the rank and file. It now seems that in furtherance of this scheme they have decided to exercise censorship over the medical press to the end that nothing may be published not in conformity with this plan. Again we reiterate that, being Eclectics, we are only interested observers, but as such we may presume to doubt if any committee, self selected or otherwise, can prevent the physicians of the "regular" school from either using the drugs that they deem most useful or from reading the medical literature that they like best.

A little book written by Henry R. Strong and published by the National Druggist of St. Louis, is devoted to this subject. Its red back does not belie its fervid contents as the following extract will show:

"The Journal of the American Medical Association in an editorial in its issue of September 22d, 1906, entitled 'Private Gain vs. Professional Benefits,' takes the Medical Record of New York (an independent medical journal) most severely to task for what it calls "the attacks of that journal on the American Medical Association." It reminds its owners, Messrs. Wm. Wood & Co., a well known and long established firm of medical book publishers, that it is rated at from three to five hundred thousand dollars, all of which came out of the medical profession, and warns them against allowing any future criticism to appear in their journal, mildly threatening that their books will be boycotted if they fail to desist. We do not think it would be invidious to say that that paper stands at the head and front of medical journalism in America in ability, popularity and influence with the profession. It is esteemed by physicians everywhere as a dignified and conservative journal. Discussing the aggression of the oligarchy, a short time ago, it said:

" 'There is loudly expressed disaffection with the present management all over the country, from Texas to Michigan and from the Atlantic to the Pacific, disaffection which is assuming definite form in the organization if new State medical societies owing no allegiance to the national body. There is even serious talk of a rival national association. The leaders in this revolt confound the Association with its temporary rulers—a confusion which is shared by these same rulers—but they forget that the great body of the Association is composed of earnset, honest men, caring naught for medical politics, and as yet

barely awakening to the fact that they are governed by unwise men, who, wittingly or unwittingly, are dragging down the medical profession of the country into the mire of disunion. When once they are fully alive to the dangers which threaten their organization they will not be slow to make a change in methods, if not in men.' ''

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. Dr G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May, 1909. J. T. Farrar, M. D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on October 5th at 8 p. m. at the offices of the College. In the absence of the president Dr. Munk presided.

The attendance was smaller than usual but those present were very much interested in the paper presented by Dr. Johnston entitled "Radium as a Therapeutic Agent." Following the reading of the paper many questions were asked which called forth much discussion.

Dr. Orin Davis, Sawtelle, and two guests were present, in addition to the regular members.

The next meeting will be on November 2nd at 8:00 p. m., at the college.

Adjournment.

P. M. WELBOURN, Secy.
J. A. MUNK, Pres. Protem.

STATE SOCIETY.

Fellow Eclectics of the State of California:—It is not too soon to speak of our work for the coming year. If we are not in line now we will not be then.

The meeting in San Francisco last May was by far the most interesting and the most harmonious I ever attended. True the first day it was discouraging and remarks were forthcoming that our school had become apathetic. But the second day we pulled ourselves together and pulled together the rest of the session. We decided at this session, after much discussion, to become a part of the national. Time has demonstrated the wisdom of this choice. From a monetary standpoint the physician is ahead on the proposition. He receives more than double what he invests. He pays $2.00 and receives the Quarterly which contains the very cream of the transactions of the National.

Those who did not join at our meeting still have the opportunity by communicating with our secretary, Dr. J. Park Dougall, 337 Douglas Building, Los Angeles.

Not only does the doctor benefit himself but he contributes to the cause for which the most of us have spent the best part of our lives. There are about two hundred and fifty Eclectics in active practice in this state and about eighty are members of our state society. In other words there are about one hundred and seventy or 68 per cent of our school in this state so indifferent to the cause which a few years ago they espoused that they neither attend our meetings nor contribute anything to our success. I regret to say that with the meeting at their doors last year many did not attend. There was no one in attendance, who by such attendance had not been compelled to make a sacrifice. No man ever did succeed or ever will succeed in any undertaking who does not make sacrifices or who does not have a creed. A ship might as well be at sea without a rudder as a man to be on life's sea without a creed. We want to know where you stand. You believe in something, you held a seat down for years while you listened to the exploitation of the grandest ideas of medication that have ever been given to the disciples of the healing art. You received your credentials and with "Specific Medication" still ringing in your ears you went forth to battle in life's field and were successful. We are all proud of you. You probably, like the rest of us, then found that some of the profession were so narrow as to ostracise you on account of the handle to your name. But we rejoice to know that prejudice is no longer a part of the curriculum of the dominant school. In the past few years we are pleased to see that our position has been recognized as one of merit and that today schools of all ideas read our journals and prescribe our remedies. But we must be true and faithful to our heritage, for we have the grandest heritage that has ever been handed down to the profession, and we must be loyal and patriotic.

We read in Holy Writ that a patriot eaptive went into his room three times a day and worshiped with his windows open towards Jerusalem.

"If I forget thee, O Jerusalem,
If I remember thee not,
If I prefer not Jerusalem to my chief joy,
Let my right hand forget her eunning,
Let my tongue cleave to the roof of my mouth."

Let us, with our windows open towards our Alma Mater, press the button that shall eleetrify every Eeleetic in the state, enthusing him with new life, backbone and vigor that he may be a faetor in maintaining those inalienable rights for whieh Wooster, Beach King, Seudder, Lloyd and others contended and so happily seeured for us.

And so, Fellow Eelecties, let us decide now to set apart a few days next May and meet in the beautiful metropolis of Southern California where we may reason together, where there will be an interehange of ideas of two hundred and fifty souls with but a single thought, and that is:

"Our liberties we prize,
And our rights we will maintain."

J. T. FARRAR, M. D., President.

COMMUNICATION.

J. T. Farrar, M. D., Berkeley, Cal.

My Dear Doetor: The numerieal strength of the California Eeleeties is not well represented in the new membership list of the National E. M. Assoeiation.

I am writing to inquire if I ean be of any service to you in your efforts to get ALL our men into line.

It has been deeided best to aeeept any applieation for membership at any time when it has the endorsement of the State Seeretary aeeompanying it, and we have from time to time reeeived sueh applications. The endorsement of the state offieers is all our laws require at best, and we may and do get a number by aeeepting them while they are ready to aet and the matter is fresh in mind.

We trust you will find opportunity to urge your people and from time to time send in all you may seeure.

Those old members who are delinquent for dues in the National should first make the delinqueney good. Early in the year I sent to each of the State Seeretaries a list of all the National Membership in their respective states, showing the standing of eaeh on the treasurer's books. If this list has been

lost or forgotten Dr. Sharp, Guthrie, Okla., will be glad to take up the matter with you.

One of your ex-state officers has written me urging the adoption of some system of collecting the dues. This we have endeavored to do, but we have not met with the hearty support of all and in some instances no response. May I not hope for an early reply and your hearty co-operation that we may make our National as well as our State Associations strong and business like in their membership and methods?

Anticipating a prompt reply and successful effort I am,

Fraternally,

WM. P. BEST.

Editor "Cal. Eclectic Med. Journal,"

Los Angeles, Cal.

Dear Sir: Will you kindly insert the following in your Journal? I fancy by so doing we can reach many more than we can through the Quarterly, owing to the fact that the latter goes to the National members only.

The attention of our readers is called to the fact that applications for membership to the National can be sent to either of the secretaries, Wm. P. Best, M.D., Indianapolis, Ind., 2218 E. 19th St., or to W. N. Mundy, M.D., Forest, Ohio, at any time, by reason of the change in the methods of affiliation.

Membership through the medium of State Societies voting to affiliate being but $2.00 and in those states not maintaining State Societies $3.00. This amount includes the dues and the subscription price of the new publication "The National Eclectic Medical Association Quarterly," which is published the first day of September, December, March and June, respectively. It is to be hoped that our men everywhere, no matter how isolated will take advantage of this and make our society what it purports to be—National in character as well as in name. Most of the states have responded nobly, why not all?

Truly,

W. N. Mundy.

NEWS ITEMS.

Dr. Watson Roberts of Marshalltown, Iowa, an old time Eclectic, is spending some time in Southern California.

Dr. C. E. Johnston, formerly located at Visalia, has moved to this city and has offices in the Auditorium building.

Dr. B. Stetson, Napa, was a recent visitor in the city and called on many friends while here.

Dr. James Beard, who lived here formerly, but has been traveling in our own country and abroad for several years, has returned and is now located at Eighth and Central Ave., City.

Dr. E. R. Harvey, Long Beach, has returned from his vacation, spent in Ohio. Mrs. Harvey and son remained for a longer visit but are expected back in a short time.

Dr. M. Blanche Bolton, San Pedro, has returned from a month's vacation spent on a ranch near San Gabriel.

Dr. and Mrs. W. S. Gibson have returned from a two weeks' vacation spent in San Francisco. Their trip was made by boat.

Dr. L. Paul Zahn announces that after October 1, he will see his patients by appointment only. Office and residence 1841 Monticello Avenue.

Dr. Lawrence Keegan, San Diego Co., was in the city recently en route to Chicago for post graduate work.

It is a satisfaction to note the unanimity of sentiment that prevails for the success of the California Eclectic Medical College. Every chair in its faculty is full and well filled and the good work that is being done by both the professors and students is very gratifying.

A student remarked, at the beginning of the present term, that he had attended school in four different medical college buildings and that the California Eclectic Medical College was the most satisfactory and homelike of any of them.

Doctor G. W. Finch received recently, from a friend in Ohio, a package of native wild plants for use in experimental work in the College Botanical Gardens.

Anyone who has ever felt the faint or vertigo of bile in the stomach, which sets everything in a whirl and gives the sensation of falling out of bed and off the earth, has experienced a nightmare of indescribable horrors. Furthermore, anyone who is sick and has nothing to do but think nonsense and nurse his injured feelings, is not accountable for everything he says or does.

In a letter to Dr. Munk, Professor Lloyd writes: "I note what you say concerning Spanish dinners; to which I will add, that a person with my balanced methods of living and with my indifference to those things that disturb people of less established constitution, is not easily put out by the fact that a dinner is a little peppery, or a little anything else good, bad or indifferent. The next time I come to Los Angeles I shall take

you and Welbourn and others under a kind of baby process of treatment and gradually raise you to a condition where you can train with me, a condition that possibly both of you much need.'' Yes, it must be admitted that the inexperienced local contingent was knocked out by the Professor's swift pace, but had a splendid time nevertheless.

Number 3 of Volume 2, Los Angeles Health Department Monthly Bulletin is just out. In glancing over this little pamphlet its importance and value is at once apparent. It was a happy inspiration that suggested this work, to remind physicians of their duty and to give needed instruction to the public on many seemingly trivial matters pertaining to health but that are of actual and vital importance to the community. The City Health Office deserves to be complimented on and encouraged in this good work.

In the announcement of a course of special lectures to be given at the Philadelphia College of Pharmacy, appears the name of Professor John Uri Lloyd who will lecture November 4th on ''American Medical Plants and Drugs.''

Errata. On page 267, line 34 of the October issue ''℥iv of sassafras'' should read ''℥iv of sassafras.''

The President of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the Present Status of Obstetrical Teaching in Europe and America and to recommend improvements in the scope and character of the teaching of Obstetrics in America.

The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, John S. Hopkins University, Cornell University and the University of Chicago.

Communications from anyone interested in the subject will be gladly received by the Chairman of the Committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

We have the pleasure of printing in this issue a picture of Dr. J. T. Farrar, President of the California State Eclectic Medical Society. Although this innovation adds greatly to the expense of publishing we hope to be able to do the same of each succeeding president of the state society. Under the section devoted to societies will be found an interesting communication from Dr. Farrar.

Subscribe now for the new year and be sure to use blank published on page XII.

The California Eclectic Medical Journal

Vol. II DECEMBER, 1909 No. 12

Original Contributions

SOMETHING MORE ABOUT ANEMOPSIS.

By John Fearn, M.D., Oakland, Cal.

The attention given to the use of Anemopsis Californica in Eclectic journals is bearing fruit and inquiries are coming in as to where it grows. I am glad to get these inquiries, for I think it is a very good thing for progressive physicians to become acquainted with indigenous remedies which grow around them—hence this article, which will enable many physicians to recognize this valuable plant.

Jepson in his "Flora of Western Middle California," says: It grows in saline and rather wet places at Collinsville, Sacramento Valley and southward, Walnut Creek, Alameda Marshes and San Jose.

My first supply was from Colusa, in Colusa County. I know it grows profusely about Los Angeles but, though somewhat familiar with Alameda marshes, I have not seen it there.

In that beautiful book, "Wild Flowers of California," written by Mary E. Parsons and illustrated by Margaret W. Brick, a book I would like to see, in the hands of every physician in the state, M. E. Parsons gives first the botanical description of this plant thus: "Rootstock creeping. Radial leaves, long petioled, elliptic oblong, two to ten inches long. Stems, six inches to two feet high. Flowers, without sepals and petals, sunk in a conical spike; six to eighteen lines long; a small white bract under each flower. Spikes, subtended by from five to eight white petal-like bracts, six to fifteen lines long. Stamens, three to eight. Ovary apparently one celled. Stigmas one to five. Hab. southern to central California." With this there is a cut of the plant which any one may recognize.

The gifted author then presents us with this beautiful pen picture of Anemopsis. "Just as the fervid glow of the sun begins to transform the green of our surburban hill slopes to soft browns, the still vividly green lowland meadows suddenly bring forth myriads of white stars, which in their green setting become grateful resting points for the eye. These are the blossoms of the famous Yerba Mansa of the Spanish Californians. Among these people the plant is an infallible rem-

edy for many disorders, and so highly do they prize it, that they often travel or send long distances for it. The aromatic root, which has a strong peppery taste, is very astringent, and when made into a tea or a powder is applied with excellent results to cuts and sores, the tea is also taken as a blood purifier, and the plant in the form of a wash or poultice, is used for rheumatism, while the wilted leaves are said to reduce swellings. In the medical world it is beginning to be used in diseases of the mucous membranes."

I am glad to tell the readers of the California Medical Journal that by this fall my friend J. U. Lloyd will have this drug added to his list of Specific Medicines.

OUR MATCHLESS CLIMATE.

By J. A. Munk, M.D., Los Angeles, Cal.

The winter season is the time of year when eastern tourists pour into Southern California and the rush is now on. This army of health seekers and sight seers brings additional wealth and an increased population each year. Those who come once usually come again and many come to stay. That this should be so is not strange, as the fame of Southern California has gone abroad and people flock here from every direction to ascertain for themselves if what they have heard is really true. When they see that half has not been told and that things are even better than has been described, they are inclined to blame themselves for not finding out about it sooner. Since learning that the summer weather is even better than the winter brand, the invasion of tourists has become a continuous performance that lasts during the entire year.

There is, perhaps, no other place on earth where more people gather to seek health and pleasure than in Los Angeles. If any one wants to see his friends, let him live in this city. People from everywhere come here and among them are sure to be some of your friends, who are certain to look you up. If you want to hide out and not be seen, Los Angeles is a poor place to come to. It is impossible to live here in seclusion in the limelight of the tourist throng, without being discovered. After staying here for a time the question of a permanent residence is easily settled, as any other place is no longer good enough to live in. The longer you live here the better you are apt to like it and nothing can pull you away; and the question which then concerns you most, is how to manage to stay the longest time on top of the ground.

Many changes have taken place here in recent years For the past two decades people have been pouring into the country in a living stream of moving humanity; and values in real

estate have advanced in proportion. Large ranches that were purchased for twenty-five cents an acre back in the fifties have been segregated and sold in small tracts from $500 to $2000 an acre. From a village of 50,000 inhabitants in 1890 Los Angeles has grown into a city of 350,000 souls. This influx of population, for good reasons, is bound to continue until the city reaches from the mountains to the sea.

Great enterprises involving many millions of dollars are either now under way or already completed. $25,000,000 are being spent on the Owens River Aqueduct, which will bring a river of pure mountain water, 240 miles across the desert, into Los Angeles. The work is far advanced and will be finished in three years. $3,500,000 more are being put into good roads by the county, which does not include the city, as the latter looks after its own streets. $4,000,00 made the sea wall of the San Pedro Harbor, which is the Port of Los Angeles; and as much more will go into additional harbor improvements and the building and manning of defensive fortifications. These are only a few of the larger projects that are already assured facts. If any one imagines that this is a slow, manana town, let him take a look about and rub his own sleepy eyes in wonder at the sight of the marvelous improvements which are everywhere in progress.

The climate on the littoral of Southern California is wonderfully even and mild and free of all unpleasant extremes. It is both sedative and tonic—sedative because of its low altitude of about sea level and freedom from all disagreeable features that could cause discomfort or disturb the nerves; and tonic because of the cool, bracing sea breeze which blows off the salt water of the Pacific Ocean. The weather is rarely uncomfortably hot, and then only for a brief period of time, and is never extremely cold, but is usually just right to be pleasant and invigorating to the average person. As has been remarked on other occasions, the climate is really more cold than hot, because of its proximity to the sea. Anyone not actively engaged may at times experience some unpleasant chilly sensations; and a little fire morning and evening often feels good.

During the early days, when the people of this country lived the simple life, the houses were not heated and were usually built without chimneys. The outdoor life gave the people good, warm blood that did not feel a little cold. Now every house is provided with some kind of means for supplying heat. A little fire in the stove or grate of the home removes any damp or chill from the atmosphere on a cool day; but large furnaces and furnace fires are only used in big buildings.

Another feature of the country is the growing of chile, or red pepper, and its use in seasoning Spanish dinners. It

forms a part of nearly every dish served, is relished by the cultivated taste and is found to be both palatable and wholesome as a stimulant and an efficient aid to digestion. The savory Spanish dishes of chile con carne, tamales, frijoles, enchiladas, etc., are enough to tempt the palate of an epicure. They are much in vogue among all classes, are adapted to the climate and fill a long-felt want.

The rainy season is in winter and the average annual rainfall in Los Angeles is about fifteen inches. The rain usually comes in a quiet, gentle shower and without wind, lightning or thunder. There is seldom any wind stronger than the gentle sea breeze, and thunder and lightning are of such rare occurrence that they are a curiosity and cause much comment. It does not rain every day, but after a downpour there will be a week or two of clear, balmy weather. The rain is welcome, as it is needed for the growth of vegetation and to replenish the water supply, but is not favorable for sightseeing.

During the summer it never rains and every day is picnic weather. The mornings are cloudy and calm, with a clear sky and a cool sea breeze in the afternoon. If the sun seems to feel a little bit hot, by stepping into the shade or indoors the temperatures is found to be cool and comfortable. In the cool sea breeze the hot rays of the sun are neutralized and the orb of day gives no uncomfortable sensation of heat. The nights are always cool and blankets are in demand for sleeping every night in the year.

Houses in California should all be built two or more stories high. There are many one-story cottages, with no stairs to climb, that make convenient and comfortable homes, but in hot weather the heat is more noticeable than it is in a two-story building. When the sun beats hot on the roof the rooms immediately beneath become uncomfortably warm during a portion of the day. In a two-story house the upper rooms are also warm, but the rooms on the first floor, especially those on the north side of the house, are always cool in summer, as well as in winter and afford a pleasant retreat from any hot wave. The periods of hot weather, when they do happen, are of such brief duration that there is not time enough for the heat to penetrate through into the interior of the house.

The climate is continually pleasant and suited to all classes of people. It is a paradise for children and a haven of rest for the aged. The pleasant weather makes it possible for children to play out of doors in comfort almost every day in in the year. There is never any severe spell of weather, either of heat or cold, wind or rain. No sudden or severe changes in the weather ever occur to try the endurance of the aged, sick or feeble folk, which so frequently are the cause of sickness

and death in other countries. More people suffer from winter cold than from summer heat and feel the cold more and more with every passing year, until the dread of cold weather haunts like a nightmare. Here this is all changed and cold weather never causes any fear or dread, nor does it ever have to be considered as a serious factor of life. If not entirely forgotten the disagreeable experiences of the past linger only in memory.

Climate, like every other good thing (as, for instance, health or wealth), is never fully appreciated until it is lost. Like eating too much sugar, it is apt to cloy the taste by a surfeit. It is sometimes beneficial to break the monotony of sameness, even if it be ever so good, by making a change. If it has no other effect it will help to show what a good thing you have in your possession and aids in strengthening the desire to retain it. This, at least, is the effect that a change usually has on any misguided soul from his southland who, in a fit of temporary insanity, strays away from home in search of something better, or who is compelled to leave from force of circumstances. After wandering about over the earth seeking something that does not exist, he finally comes to himself and returns home satisfied with his lot. He has had a vision and is now contented to live forever more, if that were possible, in the best country and climate on the face of the earth.

THE DAWN OF A NEW MEDICAL ERA.

By James Beard, M.D., Los Angeles, Cal.

Read before the Los Angeles County Eclectic Medical Society.

Mr. President and Gentlemen:

We live in an age of unrest, in a time of questioning and doubting; the age of faith, hope and trust is being superceeded by scepticism and scientific experiment, which give men clear conceptions of the facts of life and truth as revealed to us through natural immutable law. Men no longer accept the statement of sacred books without question. Neither do the people take the opinions of their medical advisors with such faith and trust as was once the case. Doubt is in the air we breathe.

The religious faiths and beliefs of our fore-fathers have undergone such radical changes within the last fifty years that Martin Luther and John Calvin would not recognize their own religion were they in the world today. Even the Salvation Army is changing its attitude toward Hell and the Devil. And medical men are no longer intolerant toward each other, but

will actually speak in a friendly manner when they meet in the street.

But it was not always thus, for I remember when an allopath would not walk on the same side of the street with a homeopathic or an eclectic; but things are changing in the medical world as well as the churches, and I predict even greater changes in the next twenty years in religious, political and medical thought, than has ever occured before in the history of man.

He who has a mind that is not amenable to truth from any source is no better than a fossil that is buried in the bowels of the earth. Alas, I fear fossilized minds are to be found in every walk of life: In the churches, at the head of our educational institutions, in politics, in—well, I was about to say that they may even be found in medical colleges—I mean of course all except the California Eclectic Medical College.

And maybe, if we could only apply the pertinent words of the great Scotch poet, could we see ourselves as others see us, we might find a few fossils clinging to the cortex of our own brains. But if we find them there let us pluck them off, for they are unsightly on the brain of an eclectic. If your mind is not in harmony with the lofty, liberal and progressive spirit which inspired the fathers of our school, then go at once to the mental adjuster and have your mind and heart attuned to the progressive spirit of the age, and prepare for the new Medical Era, which is near at hand. Oh, so near is it that it is with us now, only we are blind to the signs of the times.

See ye not, O men of science, that the people are losing faith in your present methods of treating the sick. Don't you see the Christian Science healer come close to your office and actually take your patients from you? Then we have the church psychotherapy to contend with, as well as many other methods of treating the sick. Now if the people were satisfied with existing medical practice, the hundred and one fakers now reaping a rich harvest from an ignorant and suffering humanity could not, and would not, succeed. But the faker seems to get the confidence of many guileless people, and enriches himself. For this condition of things medical men themselves are solely responsible.

Today the healing art is divided into two different and distinct classes, the psychotherapy or drugless treatment, and the medical profession.

The drugless healers meet with some degree of success, but notwithstanding all this, patients die when the vital power stored up in the nervous system becomes exhausted.

What I am about to say may be resented by you learned gentlemen, but I believe it to be a fact, nevertheless. I am

well aware that medical men and many others in the healing business claim that they eure disease, but I most respectfully submit neither medical men nor any other person engaged in the healing art ever eured a disease in this world.

I eontend that the healing power is in your patient and not in the drug or the means employed, and the reeognition of this faet is to be the keynote of the future of medieine.

To illustrate my point, we shall take, if you please, 30 drops of ipecac and administer it to a healthy living stomaeh, and in a short time we shall see that stomaeh ejeet its eontents. This has been done through the depressing and irritating influence of the drug upon that great fly wheel of the heart, the pneumogastric nerve. Now this same phenomenon may be produeed by the motion of a ship, or indeed in some sensitive individuals by a disgusting sight. Think you how much ipecac it would take to act in the same way upon a lifeless stomaeh, when the vital power on which the vomiting depends is gone.

The point is so self-evident that argument is unnecessary. Now what is true of the emetie is also true of every remedy that has been administered to the sick, be it medieine or a mental impression made upon the mind through suggestion.

The truth is that the power and influence of the mind and the vitalizing poteney of hope and faith in the eure of diseases has been almost entirely overlooked by medieal men in the past. And as a eonsequenee unqualified persons are making sueh headway upon the work of the qualified praetitioner that the outlook for the medieal profession at this hour is serious.

Gentlemen, the time has come for earnest thought and sineere refleetion upon this subjeet of mind eure. It is too late in the day to ery humbug and fakerism. The people believe in mind eure and other methods of healing without drugs, and it is the duty of the medieal profession to investigate the merits of these elaims in favor of psychotherapy in the interest of truth and suffering humanity and see if they will stand the seientifie test.

We all know the wonderful influence that hopeful thoughts have upon our patients, but I question if medieal men really understand the physiologieal action of hopeful thoughts upon the body. But when we have learned that the pneumogastric nerve is the hope center of the organism we at onee realize the great influenee of hope-inspiring thoughts upon our patients. And all the eures made by mental healers of this age, ineluding Christian Seienee, are done through the vagus nerve, which as you know, eontrols the heart and respiratory organs and digestive system.

How very important then that medieal men should have a elear idea of psyehology and the creative powers of suggestive

therapeutics. The day is not far distant when every medical college will have a chair of psychology and suggestive therapeutics, and I most respectfully submit a suggestion to the dean of the California Eclectic Medical College to install a chair of psychology, which includes suggestive therapeutics, as part of the medical education of those who are now preparing themselves to take the field of practice in the future. For no man is qualified to heal the sick who is ignorant of the psychological man and the constructive and destructive power of thought upon the human body.

Neurasthenia is the disease of the age, and sexual insanity is a disease which has not found its place amongst mental and nervous diseases. But let me tell you that sexual insanity is more prevalent than many doctors are aware. We have a good example of this disease in the man Thaw, who shot to death Stanford White in New York. Both these men were afflicted with sexual insanity. In this day and age few men are sexually normal and a lesser number of women. This deplorable condition of our race is something over which the wise may weep. For, alas, what is the coming race likely to be if the law of heredity is a fact in nature? These are the problems that the doctor of the future will have to solve, and I know no school of medicine better equipped to lead the way in psycho-therapy than the Eclectic School that is as broad in its foundation, and as profound in its conception of medical truths, as the universe. The Eclectic Medical School, as I understand it, is not corralled as other medical schools are, because it embodies all the good of other schools of medicine and has the accumulated wisdom which comes to all liberal and truth loving people.

The Eclectic physician's mind is ever on the alert and is ready and willing at all times to consider any line of treatment which seems to contain a grain of truth. He has one fault, however, if indeed such a God-like characteristic can be so called. He is too modest, he is not aggressive enough, he is not as enthusiastic as he should be, he seems to forget that he has the colors of medical science and medical freedom upon his shoulders, and that the word Eclectic is written in golden letters across the flag that stands for liberty, truth and equality.

Gentlemen, I feel that the hour has come for a revival in medical sciences; the time is at hand for a more aggressive attitude on the part of the Eclectic School. You know you are the custodians of medical truths which are not to be found in other schools, and you know, or should know, your moral and sacred duty to humanity to let your light so shine in the darkness as to lighten the path for those who have to follow you. Let us put our little disagreements to one side, and become

a united people working for medical truth and progress, for which Electicism stands.

Were I to give vent to the promptings of my heart and express what is active in my mind at this moment, I might say more than the wisdom of the hour would sanction, but in conclusion I wish to say that I stand for all that the Eclectic School of Medicine represents, and I tell you here and now that there is no other medical sect or creed in all this glorious country under whose wings I wish to hide my hoary head. I have met a few Eclectics in this state who say that Eclecticism is dead and that the American Medical Association has its body in the dissecting room. Be that as it may, the American Medical Association will never have me, dead or alive.

Eclectics of America, and those of California in particular, I appeal to you at this crucial hour to remember the fathers of Eclecticism and what they suffered in the early history of our schools. Remember, too, what they endured for the glorious truths and freedom which they left for us to enjoy and benefit by—and for what? According to some Eclectics to be absorbed and annhilated by a system of medical practice which the founders of our schools abhorred and distrusted with their whole heart and soul.

Awake, O men of medical science, and realize the full force and meaning of your responsibilities to the Eclectic School and humanity, and remember the men who bequeathed to you the knowledge and freedom which is yours today. Stand pat for your schools and don't be hoodwinked in to joining hands with any majority. I would rather stand alone in water to my neck until it became a frozen mass around my throat when I knew I had truth on my side, than to be seated on a royal throne surrounded by men of wealth who cared nothing for principles nor for truth. That I would, ten thousand times!

Let us stand by our colors and the principles of Eclecticism and proclaim to the world the great eternal truths of specific medication, and that medicine is a science. The midnight hour of medical empiricism is past, the dawn is here, the morning star can be seen by those who have eyes to see. The sunshine of a new and a better day for medical science and humanity may be seen reflected on the summit of the highest mountains, and when the medical world shall have more light to see and understand life, health and disease as it really is, then indeed, will psycho-therapy be united with medicine as the guardian angel directing our medicine to the place where it is needed in the human body, and medical men shall rejoice over the glorious results.

SOME ECLECTIC HISTORY (Continued.)

By O. S. Laws, Los Angeles, Cal.

On Monday following the lecture mentioned in the November number of this Journal a tall, lean-looking man named Morton, called at my boarding place to consult me regarding his long-standing ailments. He had heard the lecture and it revived a hope for some relief in his seemingly hopeless case.

This seemed like business to me on short notice. He was about forty-five and had been an invalid about ten years. His history showed that he had had typhoid fever in Louisville ten years before the time he saw me and, although he recovered, "the fever fell in his left side." This expression was common in those days, when people were left crippled by some disease or by the doctor that treated them. He could walk by the help of a cane but could do no work or ride on horseback. He had not perspired on the left side noticeably for ten years, and was very "sore" just below the ribs on that side. He said he was a poor man and had spent considerable time and money among the doctors without benefit, and had given up, but if I wanted to try on the "no cure no pay" plan he would give me a chance.

The case looked hopeful from an electrical standpoint, and I offered to make the trial for $50. He said $30 would be as much as he would be able to pay and, as he struck me as an honest man whose word was good as his bond, and as a dollar in those days for board and laundry work was worth at least four dollars now, I accepted the offer.

He was to come to my room once a day for treatment. He got the first treatment that day for thirty minutes. I found the left side very dry, and low down above the hip so sensitive that the mildest current was painful. I followed Dr. Page's rule by placing the negative pole under the feet and passing the positive through a wet sponge held in my hand, up and down the spine, and extensively on the left side. Free and frequent applications of salt water were used by the patient at home. No medicine was used at all in the case.

The next day gave us a surprise. Before the thirty minutes had passed in the treatment the sweat stood in great drops all over his left side, and from that on it perspired as freely as the other side. The treatment continued daily until the soreness faded away in the left side (about two weeks), after that twice a week for two weeks, and then he pronounced himself a well man. He soon fattened up and paid me cheerfully and wanted to give me a testimonial.

My second patient, George W-, called a few days later than Mr. Morton. He was a farmer thirty-seven years old.

He did not hear the lecture, but heard of it. He was another hopeless invalid, having been treated by several near-by doctors with no benefit. He wanted the same terms as the other man and I consented for $50 to take the chances, as his was also an electrical case. Two years before that he had overworked himself in the barn forking hay into the loft. He had naturally a short thick neck, but the overtaxing work in the heat and dust caused such irritation that his neck seemed about as large as his head, and when he presented himself for treatment he could not turn his head the least bit without turning the shoulders also. It had become indurated and sensitive as a boil, involving the entire scalp. The doctors had no name or remedy for the case. As I was then treating conditions, as I am now, no name was needed. No medicine was given. Once a day for thirty minutes I applied the sponge in the positive pole on the entire scalp and neck, but so mild that it could scarcely be felt. The negative was under the foot usually, but sometimes held in the hands alternately. Good results were soon apparent, the soreness slowly grew less and the stiffness yielded when strong currents could be borne. After about two weeks he came less often but continued until he was able to work on his farm, and never grumbled at my claim for pay. He made a good hand in the following harvest.

My third patient, and the only other one that I ever treated on the insurance plan, will have to wait for another paper.

GERANIUM MACULATUM.

By W. Leming, M. D., Lexington, Ky.

Report of Eclectic League for Drug Research.

Specific Indications:—Sub-acute and chronic catarrhal states, and mucous fluxes, with great relaxation, and tendency to ulceration.

Dr. Scudder recommended Geranium in all conditions where large quantities of tannic or gallic acids were beneficial, this drug being a pleasant form in which to administer them. He named such diseases as haematuria, catarrhal gastritis, leucorrhoea, aphthae, menorrhagia, gleet, salivation diarrhoea, night-sweats, ophthalmia, chronic pharyngeal catarrh, indolent ulcers, and incipient phthisis as benefited by its use. It has been mentioned as a remedy in Bright's Disease combined with such drugs as Aletris Farinosa, and in gleet and leucorhoea, with Berberin Hydrochlorate, Sanguinaria and like drugs.

There seems to be a more specific action of Geranium which has not been fully outlined. This is its action in gastro-intestinal diseases where ulceration, cancer of the stomach.

chronic hypertrophic hepatitis and other serious lesions have been diagnosed. Geranium undoubtedly exerts an anodyne effect in certain diseases of the digestive organs associated with catarrhal hyperaemia and a tendency to ulceration, if the latter has not already taken place.

Dr. Ellingwood writes, "You may say for me that I am sure it has a much wider field than that of a simple tonic astringent, and I believe that our recent observations will bear us out in that." He states that he has accomplished such marked relief in cases where really little was expected from any remedy, that he has come to look upon it as possessing properties worthy of investigation. He says that in ulceration of the stomach it certainly has a marvelous influence.

Reports of the cure of piles have been received, a decoction being injected into the rectum or, an ointment applied locally.

Dr. Eli G. Jones, beside confirming many of the previously mentioned facts, lauds it in the cough of old people, with accumulation of mucous on the fauces, constant hawking and spitting, etc. He uses it here in the 1 x trit., doses of 2 to 4 grains.

Dr Herbert T. Webster reports, "I had been treating a case of pulmonary tuberculosis which, for several months before I saw it, was afflicted with a stubborn and profuse colliquative diarrhoea which nothing administered would control. I tried several remedies without influencing the condition at all, but after two weeks of trial, gave Geranium which controlled it permanently as long as the case remained under observation." Leaving for a vacation, he lost control of the case but the promptness in action of the remedy surprised him. The final outcome is unknown.

Shoemaker regarded it as a valuable restorative in the treatment of Incipient Phthisis.

In 1893 Dr. Thornton of Topeka reported Geranium as a special cancer cure in a case with obscure stomach symptoms seemingly indicative. Physicians said the patient would not live six weeks but, on dram doses of the drug three times daily, lived four years without irritation or constipation. Later, obstruction of the bowels appeared when operation prolonged life sixteen months more. (Ellingwood's Therapeutist, Aug. '09.)

Dr. Frank Webb of Connecticut, in the September Gleaner, reports the cure of three cases of nasal polypus with Geranium, injecting 30 drops into the mass and warning the patient that an inflammation would set up to subside in a few days. In all cases the polypi have shriveled up and come away without return.

Report for December, Rhus Toxicodendron; January, Conium; February, Sanguinaria. Reports are solicited.

ABDOMINAL PALPATION.

By Dr. O. C. Welbourn, Los Angeles.

Read Before the Southern California Eclectic Medical Association.

In his present state of existence the human animal possesses five senses. By means of these he is in contact with his environment as well as with other beings of his kind. Through these five senses men hold intercourse with each other, though it is quite feasible to do so with four of them useless, if the remaining one be the sense of touch. A person thus constructed always excites a feeling of profound pity in the beholder for it is considered that he carries an overwhelming handicap in the struggle of life. However, might it not be that these special senses of ours are really limitations? Might we not comprehend things now to us unthinkable if we were devoid of sight, if we were devoid of hearing? There are animals possessing neither of these senses, but yet they are more conscious of their surroundings than we are of ours.

For the present let us assume that we are devoid of both of these senses, and for a few minutes discuss abdominal diagnosis. Let us utilize our *tactus eruditus* for once and note a few of the things observed.

The patient is nude and lying upon the examination table. We approach and place our hands upon the abdomen. The sex is determined at once without hesitation. The texture and condition of the skin will reveal the probable age of the person, as well as the condition of serviture. By it we may also feel the faulty elimination of the skin, the kidneys and the bowels, as well as the function peculiar to itself. The striae from a previous distention of the abdomen from pregnancy or other cause may be determined and differentiated from varicose veins.

The contour of the skin is also the contour of the body, and abdominal distortions are as apparent as if seen by the eye. The position and character of the osseous boundaries of the abdomen reveal the probable positions of its viscera. The quantity of adipose tissue is determined and the rapidity of its increase or decrease is estimated. Deep palpation may reveal tender areas by the contraction of the overlying abdominal muscles, or it may reveal substances foreign to the abdominal cavity. Ascitic fluid can be differentiated from that confined within a circumscribing wall; likewise a distended gall bladder from a distended kidney and a cystic tumor from an appendiceal abscess. A solid tumor of the right kidney does not feel like an hypertrophy of the right lobe of the liver, neither does a like condition of the left kidney feel like an

hypertrophied spleen. A cancer of the pylorous is not the same thing as retained gall stones, or an impacted transverse colon, and it does not feel like either. In the female pelvis we may have a pus tube, an ovarian cyst and a tubal pregnancy in the same region, and we differentiate one from the others by our sense of touch. An erosion of the os uteri does not feel like a carcinoma, and a uterus containing a submucus fibroid does not feel like a pregnancy. By this means we determine in abdominal hernia the strength of its surrounding walls and the character of its contents. In aneurism and similar diseases it is our most reliable diagnostic method.

In a word, palpation is the most valuable diagnostic method that we have in abdominal work. It is always a great help, and in some conditions it is our only source of information.

ALTITUDE.

By B. N. Childs, M· D., Adin, California.

I expected to attend the State Meeting on May 25th, but find on account of business matters it will be impossible, but will report a few cases that may be of interest.

For the last eighteen months I have been practicing medicine in the high plateaus of northeastern California. The elevation ranges from 4000 to 6000 feet, with atmospheric conditions in winter cold and dry—the thermometer registering from 50 degrees above to 10 degrees below, the hygrometer from 10 to 30. In summer it is warm and dry, the thermometer ranging from 60 to 90 degrees. The hygrometer registers 0 most of the time with an occasional drop to 10 or 15.

It is a most delightful and beneficial climate for incipient tubercuIosis. In fact I am familiar with several cases that came here suffering from the first stages of the disease that are now entirely cured. One, a lady that came here twenty years ago from Chico, California, suffering from severe hemorrhages, is now a well woman. Patients who are in the more advanced stages and have cardiac complications rapidly fail. owing to the high elevation.

One-third of all my general patients suffer from dyspnoea. slight palpitation of the heart, with ringing and buzzing in the ears, due to the altitude. A lady patient that I had been treating a number of months for dyspnoea, stated that when she was washing clothes and the room became full of steam she was greatly relieved. Often she would sprinkle her porch and kitchen with the garden hose when very dry, and obtain relief at once. At my next visit I took a steam atomizer, and had her inhale the cool salt steam, as I had previously filled the container with a saline solution. After a few moments

the lady exclaimed that her shortness of breath had disappeared, and insisted that I leave her the "fog horn," as she called the atomizer.

Since then I have made a practice of prescribing an atomizer for all patients afflicted with shortness of breath due to altitude. If one has never seen a patient suffering from the effects of too high an altitude, it would astonish them to note the depleted condition that takes place during a few days of the trouble.

I actually believe that the depression and exhaustion that overcomes mountain climbers, after reaching an extreme elevation, would be greatly ameliorated if not absolutely relieved by the use of an atomizer. It seems to be the lack of moisture in the rarified air that produces the distressing symptoms.

Would like to see an article by Dr. Munk on altitudes.

The first three or four obstetrical cases that I attended, I remarked to the nurse that it seemed to be my luck to have retained placentas. "Not at all, Doctor," she said, "I used to consider myself quite a success as a mid-wife in the lower country, but since coming here had to give up the business; as in most every case I had to call a physician to deliver the after-birth."

I did not think much of her remarks at the time, as I concluded she did not understand delivering placentas anyway.

At my next confinement I found the patient to be a strong, robust woman, mother of several children. "Doctor," she said, "I did not call you for the confinement, but to deliver the after-birth." And such proved to be the case, as the confinement was normal. After the child was delivered, I used the Crede method for the expulsion of the placenta, but could obtain no uterine contractions. I then had to insert my hand into the uterus and deliver the placenta.

Since then I have observed that in almost nine out of ten cases the placenta will remain indefinitely in the uterus unless manually removed. In no case did I find an adherent placenta. I called them retained, but really all that retained them was lack of uterine contractions to expel them. One would naturally infer that such conditions would predispose to excessive hemorrhages, but such has not proven the case. It may not seem probable, but I am inclined to believe that altitude has something to do with this condition.

DIETETICS.

By Q. A. R. Holton, M. D., Whittier, Cal.

"Too many cooks spoil the broth," is an old adage and its application in the teaching of Dietetics is apparent. There are a multitude of teachers of all shades promulgating many isms, fads and theories. Every magazine, periodical and paper has its health editor. About every other man or woman you mention diet to, will set in at once to proselyte you to some pet fad. And every manufacturer of ready made foods will give you enough literature on the subject, free, to set you up as a Professor of Diet and Health in any Medical College and direct you on to the plain road to "Wellville" provided you eat their foods. Well, many of these faddists have a moiety of truth around which they build up a fabric of fancies and, like the few loaves and fishes that fed a multitude they expand and magnify the little grain of truth until in their zeal and enthusiasm it seems to them to fill the whole Dietetic field.

But, alas, many of these enthusiasts have trouble under their own belts like the baldheaded man with the infalliable hair tonic. A strange thing about this medley maze of dietetic knowledge (?) is that M. D.'s are as much at variance as the laity. One advises wine and other alcoholics as valuable aids to digestion, another condemns them and insists on total abstinence. Tea, coffee and condiments are lauded or condemned as the whim of the doctor may dictate. Meat or no meat is a mooted question with plenty of champions on both sides. Stuffing and starving each has its advocates. Truly our pot of dietetic broth is a veritable hodge podge.

However, our variances may sometimes be accounted for, for instance the doctor who is fond of morning cock-tail is more likely to observe the value of alcoholics as a food than others do, while the total abstainer recommends the same course to his patients. The doctor with the double chin and a gastronomic protuberance is apt to be an advocate of a generous diet, while Doctor Slim Lankjaw is liable to judge others by his own weak digestion and recommend abstemiousness. Doctor Gustatory is slow to see the ills charged to roast beef and rarebits till he has a lively bout with the gout. Doctor Nicotin who loves to occupy the posterior third of an ample cigar is dull in the diagnosis of tobacco heart. Thus habit or desire is too often father of our opinions. But, in spite of this chaotic appearance of dietetic science the profession has forged ahead in the last few years and established some well defined facts which serve as landmarks to the wayfarer. We now know that typhoid, cholera and many other bowel diseases

are caused by germ laden food or drink and hence are easily preventable and may be stamped out. We know that parasitic diseases of bowels and other internal organs are caused by introduction through food or drink of the eggs of this parasite; and that raw or rare cooked meats and other foods are the usual vehicles for their introduction. We know that a large majority of liver diseases are caused by the encroachment of disease Bacteria from the bowels and that many cases can be cured and nearly all prevented by proper diet which includes articles containing the lactic acid ferments and acid fruits.

We know that premature senility and even old age may be thrust back many years by keeping a clean active healthy alimentary canal. And we know that to keep such a condition of the canal the excessive use of protein food must be avoided —that the simple life is the sane life.

CHANGE OF LIFE—TURN OF LIFE—CRITICAL PERIOD.

By E. Mather, M.D., LLD., Detroit, Mich.

There are millions of women in the United States undergoing the change of life; and this number is annually kept up by fresh recruits; so that we have at all times the same or larger number.

The importance of the period, the history of suffering endured, cannot be approximated; neither have its diseases been adequately investigated.

Now the terms, change of life, turn of life, critical period, etc., are understood to mean a period of life beginning with those irregularities which precede the last appearance of the menstrual flow, and ending with the resettlement of health on a new basis.

Now this is usually divided into a premonitory period, the actual stoppage or cessation of the flow, and the adaptation of the system to the change.

The first indication of failure of ovarian energy is irregularity. When the failure is complete, perfect cessation results. Although termed a critical period, it is not to be deemed fatal, if the patient's system is healthy. It is a gradual change, leading to better or worse; to complete recovery more frequently than to death.

The streams of life, instead of flowing on in a smooth, tranquil current from the cradle to the grave are marked by rapids or milestones which are critical, metamorphic, or developing epochs. Seven, fourteen, twenty-one are clearly and distinctly written on the first part of life; Forty-two, Forty-nine

and Sixty-three are less deeply cut, but are distinctly visible in the later period of life.

The periods are characterized by important changes which give a peculiar aspect to the physiognomy of the human body and impart a family likeness to the diseases of epochs justly deemed critical in which one or several organs of the body undergo changes.

The object of each critical change in our bodies is to insure the greatest amount of health for each subsequent period of life. This object, if the vital forces are of average strength, is effected quickly, but if there be debility or disease, then there is more or less disturbance according to the degree or intensity of that state.

Now we find the critical changes of dentition and puberty are frequently brought about without any disturbances or ill health. Nevertheless, they are often followed by debility. At critical periods the activity of important apparatus may be too powerful and disturb other organs, or too feeble to react on others. When the energy of the preponderance-seeking organ is above or below normal, poor health may follow. Now with regard to the influence of critical periods of life, the second dentition influences both sexes alike; in the same way puberty is common to both; but the impulse given to the constitution of man by the perfect development of the sexual apparatus is in general fully effective and all sufficient to insure its permanent activity until extreme old age. Whereas, in woman it will be found the crisis is very often delayed or perverted, and even when puberty has been fully and effectively established, the health of woman is dependent on those oscillations of vital forces, which render it most uncertain. The chemical activities of a woman, cause her to mature early; the inertia of man's nature renders him slow, late in maturity; the same inherent qualities of sex give woman an early change. Man's change is delayed (if not too early precocious) till a good old age, he being capable of begetting children to seventy or eighty, whereas, the moment a woman changes femininity ceases; yet it is very true that children begot by very old men are of feeble vitality. Although most women are found to change at forty-five, forty-seven or forty-nine years of age, it does not follow that sexual appetitie is extinct.

Sexual congress may not be enjoyed by some, whereas others never have a warmth of feeling until the change of life takes place. The large proportion of women, where cessation takes place, become callous, indifferent, lose their sexual vivacity and vigor.

Menstruation, healthy or morbid, marriage, pregnancy,

parturition, and lactation are critical eventualities in a woman's life, removing some complaints giving greater activity to others and when after lasting thirty years, the action of the reproductive organs is being withdrawn from the system, then there arises a series of beautifully adapted critical movements the object of which is to endow a healthy woman with a greater degree of strength than that which she had previously enjoyed.

Now this will not occur if there are disease germs lurking in her system such as cancer, tubercular, syphilis; then the seeds of those germs, when vital force is low, are liable to become active and destructive because the very essential of the change, debility brings them into active growth and causes them to locate and grow in the very organs in which the change is progressing.

The change here stimulates their growth; imparts to them fresh activity, so as a rule, it is at this very period we meet with the greatest proportion of cases of cancer of the womb, rectum, bowels and breast and other tumors.

The change of life is only critical to the diseased. It is only they that need fear the crisis, By the healthy, by those who live according to natural laws, eat healthful foods, avoid balls, tight lacing, damp houses, bad literature and sedentary occupations, nothing is to be feared. Still it is well to make no haphazard prediction, but if there is no disease, the process will not be critical. True the disease may be got rid of; if so it will mitigate the condition. The change does not cause disease, it detects it, brings it into active existence and causes an aggravation of it.

Thus, congestion of the womb, chronic inflammation of the ovary, etc., existing at the change, become excessive, and disease has little tendency to leave or become inactive or quiescent during the change.

Now here we find the critical nature of a period shown by its effects on the health in ensuing years. Thus, we find puberty is not only a crisis of most of the complaints of the preceding years, but it determines the health of the subsequent thirty-two years for good or evil.

Now in like manner, the change of life, if it can be consummated in a salutary manner, will influence the succeeding period, nay, it will govern the whole subsequent period of life. So here we can prognosticate, from the manner of the crises, whether the after-life shall be good or bad. For five years after a woman ceases tell their own tale in the great additional strength of constitution, the greater sanative change, the greater longevity of woman after the period, her less liability to disease and death, her very remarkable good health, and almost

total immunity from the general run of ailments render her last stage of existence a comfort and a blessing.

Now take from forty to fifty-five, it is a general period of invigoration for both sexes, a period in which the daily work of nutrition is very actively carried on in our bodies rendering them stronger, more vital, healthier, and thereby insuring a more perfect performance of all the functions, now here we find the change in man is carried on insensibly and worked out without disturbance. In woman the passage is often full of danger, if natural laws have been violated, but the very great improvement that follows the change is so salutary as to compensate for all the suffering.

Although the phenomena of the change of life are principally due to the withering of the ovaries and the suspension of their function, it is aided by and associated with other structural changes, which take place in both sexes, due to coming age, such as the ossification of the cranial bones, atrophy of the spleen and lymphatics, changes in bone, marrow degeneration of some from a smoothing down of Peyer's patches in the bowels and some shrinkage of the brain proper. Still after cessation a woman's constitution is entirely remodelled, she takes a new lease of life, decay and suffering has then less hold on her and she begins anew.

Now the importance of the change cannot be too highly rated, especially if easily passed for if it is accomplished without much disturbance, so will the future period be healthy, but if gone through with great suffering then we may expect the subsequent time to be one of long-continued misery, for it is a final settlement for good or for evil, and it may be reasonably entertained that if it does not excite the activity of some disease-germ in the body which previously existed there in a quiescent state and the violence of the change be not excessive, then it is reasonable to conclude from the very many thousands of pre-existing cases, that the rest of life will be passed in uninterrupted good health, and unusual longevity attained.

For the invigoration of the health which follows is often accompanied with a great improvement in personal appearance where the thin and emaciated become fat and comely, where the timid become bold and daring, while we find another class become masculine, and lose their feminine appearance; their cheek bones project, the skin loses its velvety feel, creases show themselves and stray hairs start on the upper lip and face, etc.

The effects of a suspension of ovarian action have a marked influence on all the emotions, desires, affections, passions, as well as on the brain proper, giving rise to debility, prostration, nervous irritability and confusion.

(To be continued.)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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ART AND SCIENCE OF MEDICINE.

It will be noticed that art is given precedence over science in the composition of the title to this article. This is done because for many centuries there was no science in medicine and also because even at the present time science avails so very little and art so very much. To be sure science is gaining, and in the opinion of some gaining very rapidly. It is even alleged that the accumulated observations of millions of practitioners extending back beyond the beginning of written history, is all trash and superstition, that such conclusions will not bear the light of logical research. The fact that the practice of medicine is not and never can be an exact science, and for that matter neither is religion nor law nor politics, disturbs the alleger not at all. To the mind of the writer we have gone mad over this one word science. And one of the symptoms of this madness is that every embryonic skeptic believes that he himself is a scientist and therefore an oracle of wisdom. The egotism of some of them in propounding their theories as demonstrated facts is astounding. It would be amusing were it not sad that these raucous utterances are frequently accepted as an evidence of brains by men of like mental caliber.

A man is a true scientist by reason of suitable brain forma-

tion and by the help of severe and protracted mental toil. He is never dogmatie in his assertions and is always eonsiderate of the opinion of others; for many, many times he has disproved his own pet theories. He knows that his own work is frequently at fault, also that the seience whieh he is pursuing so ardently has many boundaries and limitations. Sueh a man, by his experiments in the laboratory, is a great help to the practitioner. To be sure he cannot differentiate measles from small pox by laboratory means, but he willingly acknowledges as mueh and gives eredit to the art of medicine aceordingly. He will also tell you that he ean establish the amount of stareh that is in a potato or the amount of a eertain fiber that is in a beefsteak, or the proportion of gluten in a loaf of bread; but that these do not establish their respeetive values as foods, other than in the direction of the one thing thus eonsidered. A potato may have its quota of stareh and still be soggy and unfit for food. A beefsteak may have its quota of fiber, fat, ete., and still be unfit for food, or possibly contain those obseure substances ealled ptomaine. And a loaf of bread may earry its full ehemieal value and still be rejeeted as unfit for food by the eommon eonsumer. In the estimation of each of the above the speeial senses are mueh more diseriminating than a chemieal analysis. For let it be understood that not alone does the presenee or absenee of a single substanee, or even a group, establish nourishing qualities. Flavor, aroma, taste, looks, each and all, are a neeessity in assimilative foods. This no one knows better than does our laboratory man whose mind is broad enough to eomprehend the problem in its various direetions.

The study of pathology and baeteriology are of absorbing interest and some importanee, though not of such great importance as our Allopathie friends would have us believe. It is well that our eolleges provide adequate laboratory work in pathology, for when the student develops into the praetitioner he quickly diseovers that the people eare very little for post-morten findings and the patient even less. He may listen quite patiently to an able diseourse about his illness, but all the time he is debating in his own mind whether or not the speaker ean cure him. The cure is the important thing to the patient. Baeteriological findings require a good deal of time by an experieneed operator before they can be aeeepted as reliable, and as neither of these requisites ean be found in the busy general praetitioner it is better to employ the help of a speeialist in this work. We use the word help advisedly, for after all the laboratory work has been done that can be done, in a doubtful case the diagnosis should be established by the clinieal evidenee. In reviewing the results of

two decades of bacteriological research we fail to see that much has been accomplished in the cure of disease. If we except anti-diphtheritic and anti-tetanic sera we can say most positively that the results have been negative. There is a great deal published in regular journals and advertisements about the efficacy of sera, vaccines, etc., and the necessity of the practitioner being up to date in his treatments, all of which catches the unwary. By looking carefully between the lines the reader of any leading regular periodical will see so little in it, that it soon will pass the way of all other fads.

The study of the chemistry of drugs is likewise of absorbing interest, and from the Eclectic point of view of the greatest importance. For untold ages diseases have been cured by means of drugs, and on this rock we erect our edifice. Electricity, massage and suggestion in its manifold forms are curative in selected cases, but the proper drug would beat each on its own ground. By chemical manipulation a drug may be broken up into its component parts, or to be more exact certain substances may be extracted. These substances have been designated as alkaloids, resins, etc., and each one may or may not partake of the properties of the whole drug. For instance morphine, codeine and heroin are all alkaloids of opium, but their properties are quite dissimilar to each other as well as to opium, and when all of the known alkaloids and other bodies of opium are combined we do not have opium either in its physical characteristics or remedial properties. Do not understand that we decry the important place occupied by one of these alkaloids, for our position is only this, that the crude drug contains peculiar properties of its own when left as combined by nature and that as such it has an incomparable place. And as a further example we might mention cinchona, nux vomica, hydrastis and digitalis. Each of the three former has tonic properties not found in one or all of their respective derivatives, and they should be used accordingly. As for digitalis we are all anxiously looking for a hypodermic preparation that will even approximate the efficiency of the whole drug. So far they have been treacherously unsatisfactory. It is our personal belief that nature's laboratory provides an abundance of efficient remedies to help nature cure any ill to which flesh is now or may become the heir. And it is quite immaterial to the argument whether we believe that thus it has been so provided by a beneficent creator or that we have adapted ourselves to the situation.

The successful use of the knowledge of remedies and drugs in the cure of diseases may be likened to the successful use of the knowledge of perspective and pigments in producing

a picture. In each instance the degree of success may be great or small, depending upon the amount of art rather than of science possessed by the worker.

THERAPEUTIC METHODS.

Lyman Watkins, M. D., Blanchester, Ohio.

There are many healing methods, and it may be conceded that there is more or less virtue in all of them. They, for the most part, consist in taking up some one feature of cure and, by its elaboration, excluding all the others.

Christian Science has its followers and its successes. Generally those who are benefited have no organic lesion, but are functionally awry in the nervous system, and are those in whom mental changes can be induced through the influence of other and stronger minds. But Christian Science does not cover all the ground of psycho-therapy, for it is not only the saint who can heal: his antithesis may do as well. Healing by mental impression is the oldest form of practice known and in the most ancient days many were cured by supplication to birds, beasts, the heavenly constellations and to idols. The underlying principle of psycho-therapy is suggestion, and it must be admitted that the mental attitude of the patient, if favorable, will assist in his recovery; his co-operation is of value. However, we must not forget that the patients' confidence is not always necessary. A fracture can be mended or a wound healed what ever be the mental attitude of the afflicted toward his physician. Faith will not heal a gunshot injury nor delay its healing. The contagia proceed upon the established course regardless of mental concepts.

While admitting the influence of the mind upon the body, we must not overlook the fact that bodily conditions have a correspondingly powerful effect upon the mind. A disordered stomach and liver may change the aspect of the world for the patient; a painful corn will distract the brightest intellect, and it is difficult to preserve a calm and retrospective attitude of mind when suffering from gastralgia.

Inherited abnormalities and acquired pathological conditions go far to influence mentality. We see this exemplified in individuals with adenoids, nasal defects, dental wrongs and visual aberrations. A correction of these troubles saves many from stupidity or criminality.

It is evident that those who become absorbed in the subject of mental impressions and their influence over the body lose sight of the equally obvious fact that the body has influences mentally. Psycho-therapy is a great science, and at

times works remarkable cures, but its devotees limit their usefulness by ignoring all else in the medical armamentarium, for, while we cannot eliminate the psychic element is practice, let us not overestimate.

Dr. Felter has faith in it for vascular engorgement of the pelvic viscera.

We all know it is the remedy for hemorrhoids. Every disease for which it has been recommended shows disturbance of the sympathetic either by direct or reflex irritation.

There are five remedies I often associate with collinsonia —veratrum viride, hydrastis, phytolacca, echinacea and pulsatilla.

Our indication for collinsonia is local venous engorgement of an organ of the body with a sense of weight, fullness, constriction, pressure, as of a foreign body in the parts, with deranged function.

Veratrum viride may be added where to the above there is fever or local inflammation.

Hydrastis when there is an unnatural mucous secretion more than the normal.

Phytolacca where the venous engorgement has existed for some time until the lymphatic glands are enlarged.

Echinacea where relief has not come until pus is forming.

Pulsatilla I often add where there is reflex irritation to some other organ.

Collinsonia, continued for several weeks' time, will relieve a great many pelvic conditions, where there is venous engorgement, providing the patient takes complete rest in bed, where otherwise surgery would be restored to for relief. In such cases where surgery is necessary I believe collinsonia, continued for six weeks after the operation, will greatly aid the surgeon's efforts to restore normal circulation in the parts and to relieve the reflex nervous trouble which always exists.

I have used collinsonia in burns where the blood-vessels always show venous fullness; collinsonia internally, talcum powder where the burn is not deep; Mayer's ointment where the burn is deep. Mayer's ointment never sticks nor causes bleeding or pain, which is so severe when the dressing adheres. I believe collinsonia hastens recovery of burns. Collinsonia proves a good remedy in insanity, where the remedy is indicated for its effect on the sympathetic nerves.

In ulcers and varicose veins of the legs I use collinsonia for many weeks, day after day, keeping the ulcer covered with Mayer's ointment, so it does not stick in removing the dressing, using the proper bandaging. Collinsonia meets the same condition in varicocele. The subinvoluted uterus and the ulcer-

ated cervix uteri are all benefited by the prolonged use of collinsonia. The same indication is met in sexual irritation and masturbation of long standing, where tissues at the base of the bladder have become soggy. I always use Lloyd's specific medicine. The dose is given on the bottle, and I often use it in larger doses.

Electropathy has in recent years developed a usefulness beyond expectation, and those who become absorbed in its application are ready to assert that most human ills can be thus remedied. There is no doubt that the electric current, controlled by intelligence, has given amazing results in the scientific world, and it is also quite evident that some forms of bodily derangement can be relieved or cured by the expert manipulation of this mysterious force.

We would not in any way attempt to dampen the enthusiasm of those who make what seem extravagant claims in regard to the therapeutic possibilities of electricity, but while granting a full measure of usefulness to this form of healing we cannot admit that it covers the entire grounds of therapy.

Hydro-therapy, thermo-therapy, mechano-therapy, osteopathy, dietetics and all forms of drugless treatment, have their place; sero-therapy has its triumphs and Fletcher his followers. Time would fail me to discuss all the good points of these various forms of healing; they are all useful at times, and most of them, in one way or another are taken advantage of by the practitioner. They are, however, but parts of a complete system of medicine, and neither constitutes the whole.

It is characteristic of those who become wedded to any one of these special methods of cure to regard all else of little moment, and we frequently find that one specialist has no use for the ideas of another working along different lines.

While willing to concede virtue in drugless methods of cure, and being loath to dispense with any of them, yet we can see that a judicious combination of them all will accomplish more than either one alone, and there is really no necessity for conflict between them. But however excellent drugless healing may be, we cannot grant that in any or all of its forms it is sufficient for the cure of disease in its entirety. We believe that there is also a place for drug therapy in the rectification of pathological conditions.

The assertions that drugs are always harmful and never beneficial; that too much medicine is given; that the results of drug-giving are uncertain, largely guess-work and the product of an active imagination, do not coincide with the experience of many qualified men, both of the past and present.

There is, however, some truth in all the above statements.

That drugs are sometimes harmful is true. Metchnikoff asserts that no drug was ever given that did not injure cell protoplasm. But cell protoplasm is incessantly being injured and destroyed in the body. Wherever there is function there is cell destruction, and the continued existence of the body depends not so much upon the resistance of cell protoplasm to injury as upon its power to replace that which is destroyed. Cellular death is necessary to somatic life. A dose of castor oil may destroy cell protoplasm, but the resulting good far overcomes the harm done. The surgeon destroys cell protoplasm very largely at times but the saving of the patient's life by the operation justifies such destruction. So if the drugs do temporarily injure or even destroy cell protoplasm, the benefits accruing more than compensate. Metchnikoff's claims are a myth.

In regard to the second proposition, we are willing to agree that too much medicine has been given—is being taken. Perhaps too much is administered by physicians, and it is a fact that the public generally take too much medicine. The fortunes piled up by the patent medicine fakirs are sufficient evidence of this.

Much of the medical nihilism of today is due to the indiscriminate use of drugs without judgment or reason. The assertion that drug medication is harmful and the results largely imaginary is no doubt true in many instances. Uncertain and careless medication can never be anything else. We fully understand and sympathize with the physician who leaves his alma mater without a knowledge of drug medication. He is like an infant crying in the dark, lost and helpless, in trying situations. This confusion and lack of resource is due to the absence of a therapeutic education, and medical nihilism will be enforced until intelligent teaching dissipates it.

In the ranks of those who have been taught therapy in Eclectic schools there is a notable absence of perplexity and uncertainty in regard to drug action. The underlying principle of all science—namely, that other things being equal, like results follow like causes—is the foundation of specific medication, and this being true, we have a scientific ground work that places drug therapeutics upon a solid basis, uncertainty vanishes and the results are sure, effective and entirely independent of the imagination.

The present confusion in some directions in regard to drug therapeutics need not exist, does not exist, when the matter is fully understood. But study and observation are necessary, and, in addition to this, reliable remedies are essential. With an understanding of the principles of specific medication and with dependable drugs the study and uses of medicines is a

most comfortable occupation, effective and even at times fascinating. What profound satisfaction and elation it gives us to see the forces of disease retire before skilled medication; with what content and confidence we await the recovery of our patient, and how pleasant the results! It is gratifying to observe the efficacy of our drugs in those wracked with pain, in the sufferer shaken with fever, and in the depressed and troubled. The man of medicine goes on his way, without ostentation, carrying comfort and healing with him, easing pain, subduing fever and saving life, a blessing to his community, willingly giving up his own plans and pleasures and unselfishly devoting his life to his profession. How can it be said of him that he does more harm than good, and that his results are largely guess-work and imaginary? The good following a proper use of remedies cannot be overestimated.

First, let the narrow-minded and selfconceited nihilist excel the general practitioner in cures and good works. Let him sit by the bedside and bring ease to the agonized sufferer Let him quiet the restless and subdue the raging fever. Let him pilot through the breakers his cases of typhoid, of pneumonia or the contagia. Let him show us thousands of cases restored to health without medicine. Then we will be ready to subscribe to his creed.

To administer remedies aright requires study and discrimination. Once learned, however, we are as secure upon our premises as are those whose trust is based upon any fundamental law. The confidence with which we can approach disease cannot be excelled. We know what to do and how to do it. The very spirit of the undertaking inspires confidence in our patients. Our remedies with their indications well learned, become instruments of precision in our hands, and we can be as accurate with them as the marksman with his rifle or the workman with his dies. True, there is much to learn, but we have already learned enough to know that nothing can surpass direct medication; also that indications, once learned, do not change and can be relied upon. We feel at home with our remedies, do not doubt them, do not fear them, and can accomplish results with them. We have many remedies already established and are adding to them others. This is a large field and will require years of investigation, but it is a pleasant and profitable pursuit.

The individual who attempts to practice medicine while declaring that medicines are useless and harmful has no right to append M.D. to his name. He is a fraud, and is sailing under false colors. He is not a doctor of medicine and should not attempt to conceal himself under the panoply of the profession. A physician's practice would be limited if it was generally

understood that he gave no medicine. The practice of medicine would be a barren and unproductive field with medicine eliminated. Then let those who decry the efficacy of drugs go their way. Let them turn from the bright and flowery path of medication and wander in the desert of nihilism. But never will the true Eclectic abandon his materia medica for the barren fields of hopeless agnosticism.—Eclectic Medical Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. Dr G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May, 1909. J. T. Farrar, M. D., Berkeley, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles. Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. Q. A. R. Holton, M.D., Whittier President; M. Blanche Bolton, M.D., San Pedro, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, November 2nd, at 8:00, at the office of Doctor Munk. In the absence of the president Doctor Baird presided

The paper for the evening was read by Doctor James Beard and was entitled, "The Dawn of a New Medical Era."

It was thoroughly discussed by the various members, the attendance being unusually large.

The next meeting will be on December 7th at the college and Doctor Munk will read a paper on "Diaphoretics versus Diuretics." It is to be hoped that there will be a good attendance as this will be the time for the regular election of officers for the ensuing year.

Adjournment.

P. M. WELBOURN, M.D., Secretary.

NEWS ITEMS.

Dr. E. R. Harvey, Long Beach, has a new Duro car.

Dr. J. B. Van Horn, Cincinnati, Ohio, has entered the army

as a first lieutenant and was assigned to duty at Ft. Mackenzie, Wyo.

Dr. and Mrs. J. F. Barberick and daughter from Boston, Mass., are spending the winter in this city.

The National Association of Pan-pathic Physicians meets in Chicago on November 24th. There will be a large meeting and supper at 8 p.m. on that date. All registered physicians can become members.

Dr. Mather, Detroit, says he is an Eclectic physician and thus defines his meaning: "What is an Eclectic? An Eclectic physician—one who professes to be liberal in views, independent of party, and who favors progress and reform in medicine —will use any means to ameliorate suffering and prolong life. Let every true Eclectic physician and surgeon be up and doing, and live up to what he should be."

Dr. O. C. Darling, Riverside, had an unusual accident recently. The Doctor cranked his machine and then, much to that gentleman's surprise, the machine ran over him and after many adventures ended in a ditch—a wreck. The doctor suffered only minor injuries.

Dr. M. Blanche Bolton, San Pedro, has disposed of her faithful horse and invested in an automobile.

Dr. L. A. Peree, Long Beach, was indisposed for a few days last month but has regained his usual good health.

All the students of the California Eclectic Medical College, with their wives and sweethearts, spent a day last week at the College Botanical Garden. It was a happy day and a jolly crowd.

Errata. On page 267, line 34 of the October issue "℥iv of sassafras" should read "℥iv of sassafras."

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WHY USE MORPHIA?

The practiee of using morphia for simple pains and neuralgias of different varieties eannot be too strongly eondemned. As these preparations afford speedy relief, it is taken for granted without any further eonsideration, that they are preeisely what the eondition requires, and patients fly to their physicians at all. Sueh persons, long before they recogsize the fact, learn to rely unsconsciously upon morphia for relief, wthout realizing that they thus slowly drift under its pernieious influenee, and in a short time absolutely require the drug independently of the original condition whieh induced its use.

In almost all the eases of pain, perhaps, those of the gravest surgieal character, the exhibition of one of the approved derivatives of the coal tar series will be found amply suffieient in its anodyne and analgesie character to obtund all of the pain symptoms. Indeed, it is a matter of record that in the eelebrated ease of Barry, treated by Dr. A. V. L. Brokaw, Professor of Anatomy and Surgery, Missouri Medieal College, and Surgeon to St. John's Hospital, where a thoracie wound, thirteen and a half inches in length, penerating the lung cavity was the feature, antikamna tablets wer used for the relief of pain, and it is now becoming quite a proposition with the profession as to whether morphia is not to be driven almost entirely from the field, in the broad general sense whieh has so long marked its use.

A CONVENIENT CHLOROFORM PACKAGE.

Mueh interest is being manifested in the chloroform dropper-ampoule marketed by Parke, Davis & Co., and whieh, in the opinion of a good many physicians and surgeons, is the most eonvenient and praetieal chloroform package that has ever been introdueed to the profession. The new device is at onee a hermetieally sealed eontainer and a perfect dropping-bottle that can be earried about in the emergeney bag at all times in readiness for immediate use. It supplies in portable form enough of the anesthetic for one service—about thirty grammes. The desirability of sueh an individual paekage and its superiority over the ordinary amber, cork-stoppered bottle heretofore supplied is appreciated when one remembers that chloroform in broken paekages rapidly deteriorates under the influence of air and light and becomes eontaminated with chlorine deeomposition products.

The dropper-ampoule is, furthermore, a very economical package, as loss by evaporation, spilling of eontents, and deter-

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